Work-Based Learning Plan and Agreement

Office of Career and Technical Education

\_\_\_ Co-op \_\_\_ Internship \_\_\_ Mentoring \_\_\_ Shadowing

\_\_\_ Apprenticeship \_\_\_ Service Learning \_\_\_ Entrepreneurship \_\_\_ School Enterprise

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Last Name: |  | Sutdent;s First Name: |  |
| SSID Number: |  | Date of Birth: |  |
| Address: |  | | |
| Emergency Contact/  Relationship: |  | Phone Number: |  |
| Cell Phone Number: |  | Email Address: |  |

|  |  |
| --- | --- |
| School: |  |
| Address: |  |
| Phone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CTE Program Area: |  | Career Pathway / ILP Career Goal(s) |  |
| Teacher: |  | | |
| Name of WBL Coordinator / Supervisor |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company / Business Name: |  | | Phone Number: |  |
| Address: |  | | | |
| Work-Site Mentor: |  | | Title: |  |
| Student Work Schedule  (Days and Hours): |  | | Start and  End Date: |  |
| Total Hours per Week: |  | | Hourly Wage: (if applicable) |  |
| Copy of Background Check: Work-Site Mentor | | Yes \_\_\_\_\_ | No \_\_\_\_\_ | |

The Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.

Equal Education and Employment Opportunities M/F/D

Based on the Work-Based Learning type, complete the following:

General Workplace Experiences

|  |  |  |  |
| --- | --- | --- | --- |
|  | Attendance / Punctuality |  | Adaptability / Flexibility |
|  | Appropriate Dress |  | Relationships with Co-Workers |
|  | Attitude |  | Time Management |
|  | Dependability |  | Quality of Work |
|  | Initiative |  | Quantity of Work |
|  | Ability to Follow Directions |  | Abides by Company Rules / Regulations |
|  | Job Knowledge |  | Safety |
|  | Cooperation |  | Use of Equipment |

Technical Skills / Experiences (Hazardous Occupations\*)

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |

\* The addendum for “hazardous occupations” shall be completed if the co-op placement is associated with an exemption for hazardous occupations.

Occupational Safety Experiences

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |



School Year

Student

The student agrees to:

* be courteous and considerate of the employer, co-workers, and others
* keep the employer’s best interest in mind and to be punctual, dependable and loyal
* notify the employer and the coordinator as soon as possible if they are not able to attend work and/or school
* keep such records of work experiences and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines
* conform to the policies, procedures and regulations of the employer and the school
* maintain a satisfactory performance level while on the job
* abide by the WBL Plan/Agreement developed by the teacher, coordinator and employer
* notify the teacher/coordinator and employer work site mentor immediately in the event of any incident

The teacher/coordinator agrees to:

* prepare, with assistance of the training supervisor, a WBL Plan/Agreement
* revise the WBL Plan/Agreement as needed to improve the student’s work experience
* visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision, as well as a variety of job experiences
* maintain confidentiality related to the information gathered from the company/business
* adequately train and prepare the student for success, prior to the WBL placement
* notify employer immediately in the event of any incident

The parent/guardian agrees to:

* accept responsibility for the student’s safety and conduct while traveling to and from school, place of employment and/or home
* support the concepts of work-based learning experiences
* abide by the WBL Plan/Agreement for hazardous occupations, when applicable

The employer agrees to:

* take an active part in the training and supervision of the student while providing instruction in accordance with the WBL Plan/Agreement
* provide safety training as required by OSHA
* assist the teacher/coordinator in the evaluation of the student’s performance on the job by completing the necessary evaluation forms, when required
* provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards
* give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations of the business
* comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age
* comply with all laws regarding wages and hours of minors and student learners
* contact the teacher/coordinator prior to the student’s dismissal from employment
* pay the student/trainee when an employer/employee agreement is negotiated
* ensure that all supervising employees have completed a criminal background check
* maintain confidentiality of student information in accordance with state and federal law
* notify teacher/coordinator in the event of any incident

If this agreement is for a paid work-based learning placement, the employer certifies that this student is covered by Worker’s Compensation Insurance and that the policy is now in force and registered with the Kentucky Department of Workers Claims as prescribed by KRS 342.630 (or with the appropriate agency, if the place of employment is outside of the state of Kentucky). This agreement is for a work-based learning placement pursuant to the terms herein, there is ***no guarantee of continued employment***.

|  |  |  |
| --- | --- | --- |
| Signatures | | Date |
| Employer: |  |  |
| Principal: |  |  |
| Student: |  |  |
| WBL Coordinator:  (when applicable) |  |  |
| Teacher: |  |  |
| Parent/Guardian: |  |  |

Copies of this WBL Plan/Agreement have been sent to:

\_\_\_ Employer

\_\_\_ Principal

\_\_\_ Student

\_\_\_ WBL Coordinator

\_\_\_ Teacher

\_\_\_ Parent/Guardian