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| your logo here | Educational Institution Name |

# Work-Based Learning Training Agreement & Plan

Once completed, follow your agency’s policies and procedures for secure transmission and storage.

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| **Student Contact Info** | | | |
| Student Name: |  |  |  |
|  | First | Middle | *Last* |

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| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date: |  | Age: |  |

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| --- | --- | --- | --- |
| **Student Emergency Contact Info** | | | |
| Emergency Contact #1 (Parent/Guardian, If 17 Years Old or Younger): |  |  |  |
|  | First | Last | *Relationship* |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact #2: |  |  |  |
|  | First | Last | *Relationship* |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

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| --- | --- | --- |
| **Instructor Contact Info** | | |
| Instructor Name: |  |  |
|  | First | Last |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| **Employer Contact Info** | |
| Business/Organization Name: |  |
| Federal Tax ID # (FEIN): |  |

|  |  |
| --- | --- |
| Phone: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |
| --- | --- | --- |
| **Supervisor Contact Info** | | |
| Employer Supervisor Name: |  |  |
|  | First | Last |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  |  |  |
| Phone: |  | Email |  |

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| --- | --- | --- | --- |
| **Work-Based Learning Opportunity Info** | | | |
| Start Date: |  | End Date: |  |
|  |  |  |  |

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| --- | --- |
| Hours per Week: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Schedule:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Start:** |  |  |  |  |  |  |  |
| **Stop:** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Compensation:** | Unpaid | Paid | Compensation is required for Cooperative Education On-the-Job (OJT) training courses |

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| --- | --- |
|  | Training Plan |
| **Job Description:** |  |
| **Employability Skill Learning Objectives:** |  |
| **Technical Skill Learning Objectives:** |  |
| **Skill Assessment Description:** |  |

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| **Roles and Responsibilities** | |
| **All Parties** | All parties involved will:   * Not terminate the agreement without the knowledge of all parties concerned. * After providing appropriate notification and review between the instructor and employer supervisor, allow the student to withdraw or transfer from a work-based learning site when it would enhance the student’s educational opportunities. * Work cooperatively to create and carry out the skill development and assessment plan. * All issues should be brought to the immediate attention of the instructor to address promptly. | |
| **Employer and Employer Supervisor Responsibilities** | The employer will:   * Place the student in the work specified above for the purposes of providing occupational experience of instructional value. * Assign a supervisor who will work with the instructor in developing and carrying out the student’s skill development and assessment plan. * Ensure health and safety regulations are followed to protect the student. * Ensure the student is receiving appropriate training in the anticipated areas of skill development described in this Training Agreement, safety, confidentiality, and the process for reporting of work-related injury, illness, harassment, or discrimination. * Complete an evaluation of the student’s performance during the work-based learning opportunity in a manner designated by the instructor. * Ensure that an emergency contact form is on file for each student in a manner that is readily accessible. * If the student is 17 years of age or younger, in the event of a workplace injury or illness, or allegation of harassment or discrimination, the employer will contact the student’s parent or legal guardian as soon as possible, and the student’s instructor within twenty-four (24) hours, to report the incident. * Adhere to the policies and procedures of the educational institution regarding supervisor background checks. * Adhere to all State and Federal Regulations regarding employment, Child Labor Laws, minimum wage, and will not discriminate in employment policies, educational programs, or activities for reasons of race, sex, color, region, national origin, marital status, age, or handicap. * Consult with the instructor regarding any conflicts or issues to provide an opportunity for an intervention prior to the student’s dismissal if the issues persist. | |
| **Instructor Responsibilities** | The instructor will:   * Orient the employer and the student to the rules, policies, and procedures related to work-based learning. * Regularly and in accordance with the relevant course requirements and/or Curriculum Framework, visit each student at the work-based learning location. * Work with the employer supervisor to ensure student skill development and assessment, career planning and preparation, student reflection on their work-based learning experience, reasonable accommodations for disabilities, and to assign the student a final grade. * Attempt to resolve any complaints through the cooperative efforts of all parties concerned. * If the student is 17 years of age or younger, the instructor will notify the student’s parent or legal guardian if there is a report of an injury or illness, or allegation of harassment or discrimination involving the student related to the work-based learning opportunity. * Distribute the Training Agreement to the signing parties and keep a copy on file for three (3) years at the campus location. * Coach the student to ensure a progression of professional and career skills throughout the experience. * Determine the student’s final grade for the work-based learning experience. * Fairly enforce policies, rules, and regulations. | |
| **Parent/Guardian Responsibilities** | The parent or legal guardian will:   * If the student is 17 years of age or younger, agree that the student may participate in the work-based learning opportunity as provided by the educational institution. * Understand and agree that although this is a school-related function, the student will be off school property and may be in contact with members of an agency who are not associated with school processes and procedures. * Encourage the student to perform the duties and responsibilities of the work-based learning opportunity to the best of his or her ability. * Notify the instructor of any physical or medical restrictions that might interfere with the student’s performance. * Communicate with the instructor any transportation challenges to allow the instructor time to collaborate and find a solution. * Communicate with the instructor concerns to allow appropriate interventions, if needed. | |
| **Student Responsibilities:** | The student will:   * Follow the policies, rules, and regulations of the school and employer. * Follow confidentiality expectations provided by the employer. Failure to follow confidentiality expectations may result in disciplinary action, loss of the work-based learning experience and/or class credit. * Maintain actions, attitudes, and appearance that will reflect positive professionalism on the school, the program, and the employer. * Provide advance notice of absences to the employer supervisor and instructor. The student will arrange directly with the employer supervisor how to make up the hours missed during the absence. * Report all injuries, accidents, hazardous conditions, and practices and behaviors to the instructor immediately. * Not pursue other part-time work that will interfere with the work-based learning experience. * Complete all required records and documentation required for the program. * Communicate with the instructor if issues arise at the work-based learning site. The student may not quit or switch work-based learning sites without the instructor’s approval. * Provide documentation of completed hours as outlined by the instructor and verified by the employer supervisor. | |

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| **Signatures** | | | |
| Instructor Signature: |  | Date: |  | |
| Employer Supervisor Signature: |  | Date: |  | |
| Student Signature: |  | Date: |  | |
| Parent/Legal Guardian Signature, If Applicable: |  | Date: |  | |