

TRAINING AGREEMENT for Work-Based Learning

Required Documentation: Participant Information			
Student Name:	Birth Date:	Age:	
Street Address:	City:	State & Zip Code:	
Career Objective: CAREER PATHWAYS:	Job Title:	Currently employed <input type="checkbox"/> Y <input type="checkbox"/> N	
School:	System:	Office phone:	
WBL Site:			Telephone:
WBL Site Street address:	City:	State:	
WBL Supervisor:	Mentor:	Other Contact:	
Date Training Period Begins:		Date Training Period Ends:	
<p>This training agreement briefly outlines the responsibilities of the student, parents, employer, and the WBL Education Teacher-Cordinator. The second part of this document is entitled "Training Plan" and consists of tasks and competencies for the specific student's career objective and/or pathway.</p>			

Parent/Guardian

1. Approves and agrees that the student may participate in Work-Based Learning.
2. Encourages the student to effectively carry out the work experience requirements in all components of the program.
3. Assumes responsibility for the conduct of the student.
4. Arranges transportation for the student to and from the Work-Based Learning site.
5. Holds school and Cooperative Education Teacher-Cordinator harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

Student

1. Complies with the rules and regulations of the Work-Based Learning site.
2. Observes the same regulations that apply to other employees.
3. Adheres to all policies and regulations as set forth by school administration and the Cooperative Education Teacher-Cordinator.
4. Works an average of 15 hours each week.
5. Will not pursue additional part-time employment while enrolled in Work-Based Learning.
6. Will not displace adult workers who can perform such work as assigned in the work-based experience.
7. Attends an annual employer appreciation if required by the Cooperative Education Teacher-Cordinator.

Cooperative Education Teacher-Cordinator

1. Assists in securing an appropriate work-based experience based on the student's career objective/pathway.
2. Works with the supervisor/mentor in developing a training plan for the student.
3. Communication/Contacts/Visits the Work-Based Learning site at least once per month to contact the employer and student; verify that student's duties correlate with job description; observe working conditions; help develop progressive skill-building activities; observe and evaluate student progress; and/or resolve questions, issues, concerns, etc.
4. Counsels the student about his/her job progress, behavior, attitude, academics, etc.
5. Terminates employment/participation when it serves the best interest of the student as determined in collaboration with the employer.
6. Determines the student's final grade with input from the OJT mentor/supervisor for the Work-Based Learning experience.
7. Reinforces work-based learning experiences with related classroom instruction.

Employer/Training Mentor

Recognizes that the student is enrolled in a Work-Based Learning experience designed to prepare for a career in:

1. Provides supervision and instruction in each of the applicable tasks listed on the Training Plan to assist the student in acquiring those competencies necessary for success in the career objective.
2. Evaluates and documents student progress.
3. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, or age.
4. Adheres to wage and hour, child labor, and all other federal, state, and local laws pertaining to student employment and safety.
5. Employs/interns the student for an average of 15 hours per week. (140 hours per Credit)
6. Completes the Work-Based Experience Evaluation and returns it to the Cooperative Education Teacher-Coordinator by the required date.

The (*Name of Recipient/LEA*) does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person(s) has been designated to handle inquiries regarding the non-discrimination policies:

School Compliance Contact Information: Name & Title (504 or Title IX Coordinator)		
Name:	Address:	Phone:
I verify the information provided on this form to be true and correct.		
Signature of Student:		Date:
Signature of Parent/Guardian:		Date:
Signature of WBL Coordinator:		Date:
Signature of Employer/Mentor:		Date:
Signature of LEA Administrator:		Date:

Directions: Please print and ask the individual participants to sign.