

# **Work-based Learning Plan and Agreement**

Student Information					
Student Name:					
Last	First	M.I.			
Date of Birth:	Phone Number:				
Address:					
Street Address	City, State	Zip			
School Information					
School Name:					
School Address:					
Street Address	City, State	Zip			
CTE Program Area:					
Work-Based Learning Coordinator:					
Company/Business Information					
Company/Business Name:					
Company/Business Address:					
Street Address	City, State	Zip			
Work-site Mentor Name:					
Work-site Mentor Phone Number:	Work-site Mentor Title:				
Student Work Schedule (Days and Hours):		Total Hours Per Week:			
Will the student be compensated?		Hourly rate:			
		1			
Placement Start Date:	Placement End Date:				

### 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
- receive a 'zero' in class if terminated/dismissed from assigned work experience note: this will be addressed case by case

## 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 work-based learning placement
- will provide Workforce Safety & Insurance for unpaid student placements through Dickinson Public Schools/SWCTE

### The parent/guardian agrees to:

- · accept responsibility for the student's safety/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

		Signatu	res		Date		
Employer:							
CTE Director:							
Student:							
Coordinator/Te	acher:						
Parent/Guardia	n:						
Copies of this WBL Plan/Agreement have been sent to:							
☐ Employer	☐ CTE Admin	☐ Student	☐ Teacher	☐ Parent /Guardian			