#### Work Based Learning Training Plan

2021-22

As a WBL student you should become familiar with the following forms for records and reports. You will be completing these forms as a member of the Work-Based Learning Program. These forms are very important and must be filled out carefully. The WBL Coordinator will explain what each form means and will assist you in completing each one accurately.

ITEM #1 WBL Training Agreement (to be implemented by the school, parent, the student, and the place of employment). **Requires parent, student, coordinator, and employer signature.**

ITEM #2 Early Release Understanding and Insurance Verification Form. **Requires parent signature.**

ITEM #3 Safety Training Agreement. **Requires student, employer, and coordinator signature.**

### Work-Based Learning Educational Training Agreement

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employing Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employing Company Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employing Company Supervisor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work-based Coordinator’s Name : Joanna Root**

**Work-based Coordinator’s Contact Info: Joanna.Root@gcpsk12.org 770-554-1178**

**The Student Agrees:**

1. To be at least 16 years of age and to have a Social Security number.
2. To secure a work-permit if under 18 years of age and to file a copy with the school office, state Department of Labor, and the employer. Work permits can be obtained from the school office and must be documented with a birth certificate.
3. To assist the work-based learning coordinator in finding an appropriate employment position related to the career focus area of the program and the career objective of the student.
4. To provide transportation to and from work.
5. To attend school and work regularly and not go to work without first going to school, or go to school without going to work, unless previously discussed with the work-based coordinator. Failure to adhere to this part of the agreement may result in the student receiving appropriate academic and/or disciplinary action. If a student will be absent from school or work, the work-based learning coordinator should be notified as soon as possible.
6. To discuss all aspects of the employment with the work-based learning coordinator and the worksite supervisor—not with other students, coworkers, etc.
7. To represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from employment due to negligence or misconduct, proved by school investigation, the student will be dropped from the work-based learning program and not receive academic credit.
8. To work a minimum of **5** hours a week for one work release period, **10** hours a week for two work release periods, or **15** hours a week for three work release periods.
9. To make employment changes only with the approval of the work-based learning coordinator. The work-based learning coordinator reserves the right to change the student’s employment situation if necessary.
10. To be evaluated by the work-based learning coordinator and the work-based training supervisor a minimum of once per grading period.
11. To be aware that employment in the work-based learning program does not necessarily qualify a student to receive unemployment compensation.
12. To submit to the work-based learning coordinator a monthly record indicating activities engaged in at the worksite and total hours and salary earned during the week.
13. To complete monthly work online (assignment and discussion).
14. To allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.

**The Parents/Guardian of the Student Agrees:**

1. To encourage the student to carry out effectively his/her duties and responsibilities at both the school and place of employment.
2. To assume responsibility for the conduct and safety of the student from the time he/she leaves school until he/she reports to work; likewise, from the time he/she leaves his/her job until he/she arrives home.
3. To make inquiries concerning the student’s training, wages, or working conditions through the work-based learning coordinator rather than directly to the employer.
4. To understand that the student must attend school and work regularly and not go to work without going to school, nor go to school without going to work unless previously approved by the work-based learning coordinator.
5. To offer assistance to the work-based learning coordinator, serve as a resource person, and/or aid in other ways that could benefit the school and the student.
6. To allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.

**The Employer/Worksite Supervisor Agrees:**

1. To provide a variety of work experiences for the student that contribute to the attainment of his/her career objective.
2. To work a minimum of **5** hours a week for one work release period, **10** hours a week for two work release periods, or **15** hours a week for three work release periods.
3. To adhere to policies and practices which prohibit discrimination on the bases of race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility, and pay.
4. To provide instructional materials and occupational guidance to the student.
5. To evaluate the student, in consultation with the work-based learning coordinator, a minimum of once per grading period.
6. To adhere to all federal and state regulations including child labor laws and minimum wage regulations. Students employed through a work-based learning program are not eligible for unemployment compensation.
7. To adhere to income tax and Social Security withholding regulations.
8. To provide time for consultation with the work-based learning coordinator concerning the student and to discuss with the work-based learning coordinator any difficulties that may arise.
9. To inform the work-based learning coordinator before any disciplinary action is taken regarding the employment of the student.

**The Work-Based Learning Coordinator Agrees:**

1. To assist in the academic and occupational instruction of the student.
2. To conduct supervisory visits to the student’s place of employment.
3. To render assistance with educational and training problems of the student.
4. To assist the work-based training supervisor in an evaluation of the student’s performance a minimum of once per grading period.
5. To maintain records pertinent to the student, the employer, and the school.

*I have read the above agreement and will carry out the responsibilities delegated.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature Date Work-Based Coordinator Signature Date

**Work-Based Learning Program**

**2020-2021 Early Release Understanding and Insurance Verification Form**

**Directions:** For a student to be enrolled in the program, the parent/guardian must provide the required information below and sign and date the form at the bottom of the page.

**Early Release**

I understand that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is enrolled in the work-based learning program at **Grayson High School** and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day.

I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. I also understand that my child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work-based learning program. (please complete information section below).

**Automobile Accident and Health Insurance**

I understand that my child must be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

**Automobile Accident Insurance**

My child is covered by automobile accident insurance through the following provider:

Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance**

* My child is covered by health insurance purchased through the school

or

* My child is covered by health insurance through the following provider:

Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s or Guardian’s Signature Date**

Work Based Learning Safety Training Agreement

2021-2022

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student in the work-based learning program at **Grayson High School** and an employee at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown to the student and that in the case of an emergency; the student has been given instructions on what to do to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or in injury to others. The student agrees to follow all the safety rules and regulations of the current employer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WBL Coordinator’s signature Date