

Special Education Program Work-Based Learning Training Agreement/Plan

THIS DOCUMENT CONSISTS OF A TOTAL OF 4 PAGES. IN ORDER FOR THIS TRAINING AGREEMENT/PLAN TO BE VALID, ALL PAGES 1-4 MUST REMAIN INTACT AND TOGETHER AND MUST BE COMPLETED IN ITS ENTIRETY.

Student/Learner Information

Last Name: _____ First Name: _____ Middle Initial: ____ Grade (9-12 Only): _____

Home Address: _____ Telephone Number(s): _____

Birth Date: _____ Emergency Contact Information: _____

School District Information

School District Name: _____ School Address: _____

Special Education Teacher/Coordinator: _____

Telephone Number(s): _____

Employer Information

Name of Business: _____

Supervisor: _____

Address: _____

Phone: _____

City: _____

Zip: _____

Worker's Disability Carrier: _____

Policy No.: (local determination) _____

Liability Insurance Carrier: _____

Policy No.: (local determination) _____

Placement Information

Type of Placement (check one): Paid Unpaid

*If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed on the training plan for each 45 hours of placement.

Job Title: _____

Date Employment Begins: _____

Date Employment Ends: _____

Appropriate safety instruction has been provided by the school or employer: _____ (initials of coordinator)

Date(s) of Safety Training: _____

Hours to be worked:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Avg. Hrs. Per Day*: _____ Max Hrs. Per Week**: _____ Starting Wage (if paid): _____

*Cannot compute to more than 1/2 of the pupil's FTE.

**Work and school hours cannot exceed 48 hours per week for students under age 18

Number of credit hours to be granted: _____

Name of Related High School Academic Course: _____

Training Plan for Work-based Learning Student/Learner Information

(Note: This Training Plan MUST remain attached to the student's Training Agreement)

Last Name: _____ First Name: _____ Middle Initial: _____

Education Development Plan, Placement and Related Academic Course Verification

1. Existence of EDP Verified (check one)

- Yes
 No

2. The above pupil's career/education goals as outlined in their education development plan (EDP) must relate to the placement as detailed on the training agreement.

Education/Career Goal(s): _____

3. Type of Placement (check one)

Non-CTE Program/Concurrent or Previously Enrolled Related High School Academic Course:

State-Approved CTE Program/ Concurrent or Previously Enrolled Related State-Approved CTE

Program: _____

4. Certification of Verification

Name of Special Education Teacher: _____

Signature of Special Education Teacher: _____

5. Student has permission to drive to and from worksite?

Yes

No

Parent/Guardian Signature

Date

Performance Elements (Specific Job Skills to be Learned)

*****IF THIS IS AN UNPAID WORK-BASED LEARNING EXPERIENCE, SPECIFIC, UNDUPLICATED SKILLS THAT THE PUPIL WILL BE LEARNING NEED TO BE LISTED FOR EACH 45 HOURS OF PLACEMENT. *****

Related Instruction Information

Course Title and Brief Description

Number of Hours

Assigned Job Tasks and Training Activities

Job Tasks/Training Activities If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed.	Completion Code*		
	C	PC	NC
If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed.			
If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed.			

* Completion Codes: C – Completed PC = Partially Completed NC = Not Completed

Student Responsibilities [Local district determines these responsibilities]

1. Transportation to and from the training site, for the duration of the placement, is the student’s responsibility.
2. The trainee must maintain a passing grade in the related course to pass the work experience and remain in the program.
3. Any student who will be tardy or absent from the scheduled work time must notify their employer.
4. Any student who skips school, will have the work based learning placement reviewed and may be removed from the program.
5. Should any problems arise at work or school that may affect the student’s placement, the student should notify the coordinator immediately.
6. Students are required to obtain permission from the designated certified teacher/coordinator before quitting any work-based learning placement.
7. Students are required to complete weekly work hour reports to the coordinator. Failure to complete these required hour reports will result in the student failing the work experience.
8. Students will adhere to all safety requirements specific to this placement as identified by MI-OHSA and their supervisor.
9. Students who are absent from school are not permitted to work that day at their placement and must notify the employer.

School Responsibilities [Local district determines these responsibilities]

1. The placement relates to the student’s career/education goals as outlined in their education development plan (EDP).
2. The Special Education certificated teacher/coordinator makes at least one visit, every 30 calendar days, to the training site.
3. Student is regularly supervised by certified staff and provided instruction in areas of skill attainment and work safety.
4. High school completion credit is granted upon successful completion of the placement.
5. Daily attendance is recorded.
6. The program must not violate the Fair Labor Standards Act and the Youth Employment Standards Act.

Employer Responsibilities [Local district determine these responsibilities]

1. The employer will provide the trainee with the broadest occupational experience in keeping with the job duties listed in the training plan and provide specific instruction on the use of any equipment or materials related to job duties. Documentation of this instruction should be maintained in the trainee’s employment file.
2. The employer will ensure the student learner’s employment activity is supervised by an experienced and qualified person (work-based mentor), and will complete trainee performance evaluations and verify attendance as required.
3. A written evaluation of student performance will be completed based on the performance elements and job skills listed in the training plan.
4. The employer will provide a training site that is free of obvious hazards that could cause potential injury or harm to the student.

The signature of the employer below certifies that the employment of the student learner will conform to all federal, state and local laws and regulations, including those that prohibit discrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status or disability.

Student’s Signature Date

Parent’s Signature Date

Special Education Certificated Teacher/Coordinator Signature Date

Principal or Designee Signature Date

Employer Printed Name and Signature Date

NOTICE OF NONDISCRIMINATION It is the policy of the Gogebic Ontonagon ISD not to discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Shawn Kolbus, Civil Rights Coordinator, 202 Elm St., PO Box 218, Bergland, MI 49910. (906) 575-3438 ext. 19.