

**UNPAID IN-DISTRICT PLACEMENT AGREEMENT**  
**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.**

District: \_\_\_\_\_ School Year \_\_\_\_\_  
 School: \_\_\_\_\_

**IMPORTANT:** In-District (In-School Placements **MUST** be directly related to one of the following (check one):

- STATE –APPROVED CAREER AND TECHNICAL EDUCATION (CTE)**

Program Serial Number (PSN) of related State-Approved CTE program: \_\_\_\_\_  
 Name of Related State-Approved CTE Program: \_\_\_\_\_

If the PSN and CTE Program Name are not filled in, this **WILL** result in an FTE deduction.

- POSTSECONDARY CAREER AND EMPLOYMENT GOALS AND OBJECTIVES IN THE PUPIL’S TRANSITION SERVICES PLAN DEVELOPED FOR A PUPIL – Attach IEP to Agreement**

A copy of the pupil’s transition services plan must be attached to this agreement and must directly relate to the placement. Failure to meet this criteria **WILL** result in FTE deduction.

**Student/Learner Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Grade: \_\_\_\_\_

**In-District Assignment Information**

In-school Placement Location (e.g. cafeteria) \_\_\_\_\_ Class Period: \_\_\_\_\_  
 Special Education Certificated Teacher/Coordinator (If related to State-Approved CTE Program, Teacher Must be Vocationally Certified): \_\_\_\_\_  
 \_\_\_\_\_  
 Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Note:** Different training experiences can occur at one location if there are multiple training plans with a whole set of separate skills (no duplication of tasks) with the training agreement that clearly defines separate training experiences every 45 hours.

**HOURS TO BE WORKED:**

|                | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|--------|---------|-----------|----------|--------|
| Beginning Time |        |         |           |          |        |
| Ending Time    |        |         |           |          |        |

\*Hours Per Week \_\_\_\_\_ Number of High School Credits Granted: \_\_\_\_\_

\*Cannot compute to more than ½ of the pupil's FTE.

Placement coordinator verification that safety instruction has been provided: \_\_\_\_\_ (Initials)

Date of Safety Training: \_\_\_\_\_

## TRAINING PLAN FOR UNPAID IN-DISTRICT PLACEMENT

### 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: \_\_\_\_\_

**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**

| <u>Course Title and Brief Description</u> | <u>Number of Hours</u> |
|---|------------------------|
| _____                                     | _____                  |
| _____                                     | _____                  |
| _____                                     | _____                  |

**Assigned Job Tasks and Training Activities**

| <b>Job Tasks/Training Activities</b><br>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. The trainee must maintain a passing grade in the related course to pass the work experience and remain in the program.
2. Any student who will be tardy or absent from the scheduled work time must notify their employer.
3. Any student who skips school, will have the work based learning placement reviewed and may be removed from the program.
4. Should any problems arise at work or school that may affect the student's placement, the student should notify the coordinator immediately.
5. Students are required to obtain permission from the designated certified teacher/coordinator before quitting any work-based learning placement.
6. 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.
7. Students will adhere to all safety requirements specific to this placement as identified by MI-OHSA and their supervisor.
8. 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.