

Work-Based Learning Checklist of Required Documents

RETURN THIS CHECKLIST WITH ALL OF THE FOLLOWING ITEMS:

Student Name

School

Forms Signed by Employers and Parent/Guardian & Student:

Work-Based Learning Training Agreement (pages 3-6)

Termination Agreement (page 7)

Confidentiality Agreement (page 8)

Job Training Plan (must list job duties) (page 9)

Forms Signed by Parent & Student:

Student Information Sheet & Indemnification Agreement (page 2)

Grading Rubric (page 10)

Internship/Volunteer Unpaid Student Waiver (only required for unpaid internships) (page 11)

**Students will not be released from school until all documents
have been received.**

For WBL Coordinator Use Only:

Date received: _____

Date verified: _____

All career and technical education programs follow the system's policies of nondiscrimination on the basis of race, color, religion, national origin, sex, age, and disability in all programs, services, activities, and employment. In addition, arrangements can be made to ensure that the lack of English language proficiency is not a barrier to admission or participation.

Revised 05/25/2021

Work-Based Learning STUDENT INFORMATION SHEET

Please Print Information Below

STUDENT INFO

Student Name _____ Date of Birth ____/____/____

School _____

Home Address _____

Home Phone # _____ Student Cell # _____

Student Email _____

PARENT/GUARDIAN INFO

Name (#1) _____ Email _____

Cell # _____ Work # _____

Name (#2) _____ Email _____

Cell # _____ Work # _____

INDEMNIFICATION AGREEMENT

In consideration for allowing the student to participate in the Work-Based Learning Program, the undersigned hereby agrees to hold harmless the Fayette County School District, its officials and employees, including, but not limited to, the Superintendent of Schools, the Work-Based Learning Coordinator, and the administration of the school the student attends, as well as members of the District's Board of Education from any and all actions, causes of action, claims, demands, damages costs, loss of service, expenses, compensation, third party actions, hospital liens, attorney liens, suits at law or in equity of whatever nature, on account of, or in any way growing out the student's participation in the Work-Based Learning Program.

Parent/Guardian Signature

Date

Student Signature

Date

Work-Based Learning TRAINING AGREEMENT

The purpose of this agreement is to provide all parties involved a detailed list of responsibilities and requirements that are agreed upon in the Work-Based Learning placement.

Student Information:

Name	School
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Employer Information:

Company Name	Main Phone No
Address	City State Zip
Supervisor Contact Name	Supervisor Email Address
Supervisor Direct Phone	Mentor (if different from Supervisor)
Mentor Direct Phone	Mentor Email Address

Employment Information:

Job Title	Date Employment Begins (If different from 1 st day of school)
Standard Work Hours From _____ am/pm To _____ am/pm	Pay Rate

School Information:

Melanie Duncan – WBL Coordinator <i>Phone Number: 678-699-0254</i>	Email: Duncan.Melanie@mail.fcboe.org
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Student Career Information:

Career Goal: _____

List any Dual Enrollment Classes taken: _____

TRAINING AGREEMENT (Continued)

WORK-BASED LEARNING PARTNERS agree to the following terms:

The Student-Learner Agrees:

1. To be 16 years of age and possess documentation required to work in the United States required by the employer.
2. When classes are held: attend and arrive promptly to all scheduled WBL class meetings starting at 8:00 am and ending at 8:20 am. Late arrivals will be penalized 10 points for every portion of 5 minutes they are late.
3. To provide transportation to and from work.
4. To attend school and work regularly and **not go to work when absent from school** unless previously approved by the WBL Coordinator.
5. To remain at school the entire school day if assigned to In-School Suspension (ISS).
6. If student has an Out-of-School-Suspension (OSS), the hours worked after school during a suspension will not count toward the hours required for work credit and will need to be made up after the suspension is completed.
7. To follow student's school attendance policies regarding procedures for daily check-out/check-in from school.
8. Student agrees that they will not be on campus during their scheduled WBL work hours without approval of the WBL Coordinator.
9. To submit to the WBL Coordinator an accurate Monthly Time Sheet showing total hours worked and, if student is a paid employee, show evidence of salary earned by also submitting pay stubs each month from the employer.
10. To complete by due date all class assignments such as reflections, employer evaluation reports, timesheets/paystubs, etc.
11. If asked, to complete a post-graduation survey sent out by the Work-Based Learning Coordinator.
12. To allow the release of resume and student records regarding grades, attendance, and discipline for the purpose of employment.
13. To work the number of hours required by your Work-Based Learning program each week. Hours (based on requirement for course credit) for your program are **5 hours per school week per period enrolled**. However, your employer may require you, within reason, to work more than your course credit required hours and may schedule you during school breaks and holidays. Your schedule is determined by the employer and must meet all child labor standards.
14. To represent the school and employer well by showing honesty, punctuality, courtesy, and a willingness to learn.
15. To call and/or e-mail the employer and WBL Coordinator before the time to report on day of absence, if absence has not been previously arranged.
16. To refrain from socializing with or telephoning/texting/e-mailing friends and family while on the job. Students are not to use work time to study (unless the employer gives permission), and must follow the company's computer policies for non-work-related activity.
17. To make job changes ONLY with the prior approval of the WBL Coordinator. Job changes without prior Coordinator approval may result in removal from the program and could result in a failing grade in the course. See attached Termination Agreement. The Coordinator reserves the right to change the student's job if necessary.
18. To discuss unpleasant or uncomfortable job situations, including harassment, with the WBL Coordinator and with the work site supervisor promptly. Refer to attached Confidentiality Agreement for additional specific requirements.
19. To provide a typed two-week notice when ending a job (e.g. end of school year) unless the employer gives special permission to do otherwise.
20. To be evaluated by the WBL Coordinator and the employer. (Graded employer evaluations are done four times a year).
21. To be aware that part-time, Work-Based Learning students are not eligible to receive unemployment compensation.
22. To abide by District Student Code of Conduct.
23. To read and agree to the attached Termination Agreement which provides specific policies and procedures related to job termination, loss or change of job, removal of student from WBL program and associated implications on course credit.

Student: By signing this agreement, I understand that failure to comply with the program requirements may result in immediate removal from the Work-Based Learning Program and a failing grade for the semester.

TRAINING AGREEMENT (Continued)

The Parent/Guardian Agrees:

1. To encourage the student to carry out effectively his/her duties and responsibilities and to help them abide by the aforementioned items listed in the student portion of this agreement.
2. To allow the release of resume and student records regarding grades, attendance, and discipline for the purpose of employment.
3. To assume responsibility for providing health and automobile insurance coverage for the student for the duration of the student's participation in the Work-Based Learning program.
4. To make sure the student has transportation allowing the student to get to/from work when scheduled.
5. 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.
6. It is imperative that the parent/guardian agrees that they will discuss problems the student is having at the workplace directly with the WBL Coordinator and NOT by visiting or calling the employer. This includes any inquiries concerning the student's training, wages, or working conditions.
7. To understand that the student-learner must attend school and work regularly. If a student is absent from school, he/she **MAY NOT** go to work that day, unless approved by the Work-Based Learning Coordinator.
8. To offer assistance to the WBL Coordinator, serve as a resource person, or help in other ways that could benefit the school and the students.

Parent/guardian: By signing this agreement, I agree that I have read the requirements for my son/daughter/ward's participation in a Fayette County School System Work-Based Learning program. I have also read and agree to the attached Termination Agreement which provides specific policies and procedures related to job termination, loss of job, removal of student from WBL program and associated implications on course credit. I understand the commitment to class and work, and I will support him/her in that commitment. I understand that he/she must adhere to these guidelines and complete the training outlined in the documentation to remain in the program.

The WBL Coordinator Agrees:

1. To help provide and coordinate any job leads appropriate to the skill level of the student seeking employment. The Coordinator may assist with job leads but cannot promise a job to a student or demand one from an employer.
2. To provide instruction on requirements for successful completion of the Work-Based Learning program.
3. To conduct supervisory visits to the student's place of employment and to telephone or conference as needed with the student, employer, or parents.
4. To render assistance with training problems of the student. The Coordinator has the authority to immediately remove the student from the job.
5. To assist in the evaluation of the student.
6. To keep accurate records pertinent to the student and the school.

TRAINING AGREEMENT (Continued)

The Employer Agrees:

1. To provide a variety of skilled work experiences for the student that contribute to the attainment of his/her career objective.
2. **To adhere to income tax and social security withholding regulations. Students will receive a W-2 and NOT a 1099 for taxable earnings.**
3. To adhere to all Federal and State regulations including child labor laws, minimum wage regulations, worker's compensation insurance, and regulations regarding the hiring and employment of Work-Based Learning students including non-United States citizens.
4. Student unemployment insurance is not mandatory for part-time students.
5. To assist the student in the development of his/her training plan. (Refer to Job Training Plan Information attachment).
6. To provide instructional materials and occupational guidance for the students by providing a work-site mentor.
7. To employ/engage the student for at least the minimum program required hours **Monday through Friday for each semester** enrolled in WBL. (If released 1 period = 5 hours, 2 periods=10 hours, 3 periods=15 hours per week).
8. If student is a paid employee, to provide a progressive wage scale established by the employer.
9. To adhere to policies and practices which prohibit discrimination on the basis of race, color, national origin, sex, and disability in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility and pay.
10. To assist in the evaluation of the student and complete WBL employer evaluation forms in a timely manner.
11. To provide time for consultation with the WBL Coordinator concerning the student, and to promptly discuss with the WBL Coordinator any difficulties that may arise.
12. **To inform the Coordinator before or immediately following the termination or dismissal of the student.**

All Parties: By signing below, I certify that I have read, understand, and agree to abide by this Training Agreement.

Print Student Name _____

Student Signature

Date

Parent/Guardian Signature

Date

Supervisor Signature

Date

WBL Coordinator Signature

Date

**Work-Based Learning
CONFIDENTIALITY AGREEMENT
Fayette County School District**

As a condition of my employment/internship with _____
Name of Business

beginning on _____, _____
Start Date Student Name

agrees to abide by all rules, regulations and procedures regarding the confidentiality of the information that I will come in contact with during my participation in the Work-Based Learning Program.

I understand that as a condition of my employment, I will demonstrate professionalism in dealing with sensitive information and that I will not knowingly distribute confidential, personal, or sensitive information derived from in-person or phone conversations, files, and/or computer information to anyone. Failure to comply with these terms may cause termination from the work site resulting in a failing grade in the Work-Based Learning Program and immediate removal from the program. See Termination Agreement for specific terms related to removal from the WBL program.

Student Signature

Date

Parent/Guardian Signature

Date

Supervisor Signature

Date

WBL Coordinator Signature

Date

Work-Based Learning JOB TRAINING PLAN INFORMATION

Student Name: _____

Business Name: _____

To provide the best learning experience for the student-worker, the employer agrees to provide a variety of work experiences that will contribute to the attainment of their career objective.

Employer: Please list below specific job duties that the student will perform on the job

- 1.
- 2.
- 3.
- 4.
- 5.

Additional General Training in Safety, Employability, and Communication Skills

- Appropriate workplace attire
- Address people politely and with respect
- Listen to and follow directions
- Communicate well with others (email, phone, verbal, body language)
- Show respect for the feelings of others
- Value the opinions of others
- Demonstrate effective collaboration skills/ Add value to team
- Show initiative
- Demonstrate effective problem solving and leadership skills

Validating Signatures:

Employer

Parent/Guardian

Student

WBL Coordinator

Work-Based Learning GRADING RUBRIC

Grades are an important part of the Work-Based Learning program. The WBL grade is comprised of several components all necessary for the student’s workplace success. The following outlines the requirements for grades:

Items	Percent of Grade (Semester 1/ Semester 2)
Formative Assessments	40% / 30%
Weekly Class Assignments and Student reflections (*see note 1 below)	
Summative Assessments	60% / 50%
Monthly Time Sheets (with pay stubs for paid employees) (*see note 1 below) 5 hours/period/week of work required each week school meets	
Employer Evaluation (once every 9 weeks) (*see note 1 below)	
Major Reflections (week 5, 10, and 17)	
Final Exam - Career Portfolio	None / 20%
1 st semester - No Final 2 nd semester – Career Portfolio Counts as Final – Required - NOT SUBJECT TO EXEMPTION	

Assignments are submitted using Schoology

NOTE 1: All assignments must be turned in by due date. Maximum grade for work not turned in by the due date will be 90. **(Additional 10 point deduction for each day late.)**

NOTE 2: When class meetings occur at school: students are expected to arrive at their weekly WBL class and be signed in no later than 8 am. Ten points will be deducted from the daily participation grade for every 5 minutes (or portion of) they are late.

I have read and understand the grading policy. I will adhere to the guidelines as set forth by the Work-Based Learning Program. I understand assignments are subject to change.

Student Signature

Date

Parent/Guardian Signature

Date

**Work-Based Learning
UNPAID INTERN/VOLUNTEER STUDENT WAIVER
(Not applicable for students in paid positions)**

_____, a student in the Fayette County Work-Based Learning
Student Name

Program, is considered to be an **UNPAID / VOLUNTEER** at _____,
Company Name

I understand that the student is unpaid and will not receive compensation for their time at their internship.

As the parent/guardian for the above-named student, I also certify that the student is covered by insurance that would pay for medical expenses for any injuries suffered by the student while participating in the Work-Based Learning Program. Additionally, I understand and acknowledge that neither the Fayette County School District nor its officials or employees shall be responsible, in any way, for medical or hospital costs relating to any injury that the student may suffer as a result of his/her participation in the Work-Based Learning Program. Finally, I understand and acknowledge that the Fayette County School District shall not be responsible for providing transportation for the student's participation in the Work-Based Learning Program.

Parent/Guardian Signature

Date

Student Signature

Date