

Work-Based Education Training Agreement and Training Plan Paid & Unpaid Trainees

Student/Learner Information

Name: _____ Home Phone: _____
 Address: _____ School District: _____
 City: _____ Zip: _____ School Building: _____
 Date of Birth: _____ Age: _____ Grade: _____ Emergency contact: _____
 Date(s) of safety instruction: _____ Number of credit hours to be granted: _____
 Concurrent, related academic course*: _____

*For a student in a state-approved CTE program, the above verification must be made by a vocationally-certificated teacher or coordinator.

Type of Placement (check one):

- Non-CTE Work-Based** **CTE Work-Based Learning (Program Serial Number _____)**
- Paid or Unpaid Work-Based Paid or Capstone In-District (gr. 11&12 only)
 Special Education Work-Based Unpaid Less-Than-Class-Size

Employer Information (Complete for external placements only – Paid or Unpaid)

Name of Firm: _____ Supervisor: _____
 Address: _____ Phone: _____
 City: _____ Zip: _____
 Worker's Disability Carrier: _____ Policy No. _____
 Liability Insurance Carrier: _____ Policy No. _____
 Job Title: _____ Date Employment Begins: _____ Ends: _____

Hours to be worked:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Avg. Hrs. Per Day*: _____ Max Hrs. Per Week**: _____ Starting Wage: _____

*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

Unpaid Employment Information (Complete for in-district placements only)

IMPORTANT: **IN-DISTRICT** placements MUST be directly related to one of the following:

- State-Approved CTE work-based (Name of related CTE Program: _____) PSN from above: _____
 Postsecondary career and employment goals and objectives in the pupil's transition service plan developed for special education services.

A copy of the pupil's transition services plan must be attached and relate directly to placement. Failure to do so will result in lost FTE.

Position/Assignment: _____ Supervisor: _____

Beginning Date: _____ Ending Date: _____

This assignment is: (check one)

- for the marking period for the semester for the school year

Hours to be worked (must occur during scheduled classroom time):

Mon	Tue	Wed	Thu	Fri

Education Goals

Education/Career Goal(s): _____

List the education goals related to this placement that align with the student’s career pathway contained in the student’s educational development plan. For unpaid work-based experiences, specific, unduplicated skills must be listed for each 45 hours of placement.

***Attach copy of the EDP or IEP.**

Training Plan (Specific Job Tasks To Be Learned At The Worksite)

For state-approved CTE programs, the training plan must be developed from the related OCTP performance elements as posted on the attached link: http://www.michigan.gov/mdcd/0,1607,7-122-1680_2629_2733-145785--,00.html.

Student Responsibilities (Local district determines responsibilities)

- 1. Complete work assignments in a timely manner.
- 2. Complete activity log sheets on a regular basis.
- 3. Complete work hours verification on a regular basis.
- 4. Be in assigned location on days and times scheduled.
- 5. Follow school’s health and safety work rules.
- 6. Abide by all policies and procedures of the program, school district, and the school building,
- 7. Maintain good attendance in school.
- 8. Maintain grades in all subject areas.
- 9. Bring assignment/work problems to attention of your assigned teacher/supervisor.

Program Guidelines (Local district determines guidelines)

- 1. The training, even though it includes actual operation of the facilities of the employer, is similar to that which would be given in school where curriculum is followed and students are under the continued and direct supervision of representatives of the school or business.
- 2. The training is for the benefit of the students.
- 3. The trainees or students do not displace regular employees, but work under their close observation.
- 4. The employer who provides the training derives no immediate advantage from the activities of the trainees or students; and on occasion, operations may actually be impeded.
- 5. The trainees or students are not necessarily entitled to a job at the conclusion of the training period, and
- 6. The employer and the trainees or students understand that the trainees or students are not entitled to wages for the time spent in training.
- 7. The district-certificated teacher/coordinator makes at least one on-site visit, every nine weeks, to the employer.
- 8. 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.

Safety Procedures and Training

As a school district, we will provide basic work place safety instruction. As part of that instruction, we ask that the student learner use the following safety devices (safety glasses, face mask, vinyl gloves, safety boots) when requested by their supervisor or when warranted by MI-OSHA. This training will include instruction on blood borne pathogens, safe work habits, and fire safety. The student’s and coordinator’s initials attest that training has been provided and received. **Date** _____ **Student initials** _____ **Coordinator initials** _____

Student’s Signature Date

Parent’s Signature Date

Certificated Teacher’s Signature Date

Employer’s Printed Name and Signature Date

NOTICE OF NONDISCRIMINATION: It is the policy of the _____ school district 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: _____