School Year: _____

Work-Based Learning Training Agreement/Non-CTE Programs/ Special Education Transitions Program

[The format of this form is optional and may be adopted or adapted as needed for school district use.]

Student/Learner Information

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

Home Address: _____ Telephone Number(s): _____

Birth Date: _____ Emergency Contact Information: _____

Email Address (Optional): _____

School District Information

School District Name: _____ School Address: _____

Certificated Teacher/Coordinator: _____

Telephone Number(s): _____ _____

Employer Information

Name of Business: _____ Supervisor: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Worker's Disability Carrier: _____ Policy No.: _____

Liability Insurance Carrier: _____ Policy No.: _____

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: _____

_____Date of Safety Training that has been provided by the school or the employer.

Hours to be worked (cannot exceed 24 hours per week when school is in session for students ages 16 & 17):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Total Classes/Hours Per Day: _____ Total WBL Hours Per Day: _____ Starting Wage (if paid): _____

☐ Student is eligible to receive credit.

Dates of Site Visits (Must minimally be conducted every nine weeks for a student receiving regular education and every 30 days for a student receiving special education/transition services after the initial visit):

Date:_____Initials: _____Date:_____Initials: _____Date: _____Initials: _____
Date:_____Initials: _____Date:_____Initials: _____Date: _____Initials: _____
Date:_____Initials: _____Date:_____Initials: _____Date: _____Initials: _____

[Note: Site visits must be conducted and documented; however, it is not a mandated training agreement component]

Training Plan

IN ORDER FOR THIS TRAINING AGREEMENT TO BE VALID, A RELATED TRAINING PLAN FOR THE PUPIL BEING PLACED MUST BE ATTACHED OUTLINING THE SPECIFIC PERFORMANCE ELEMENTS/JOB SKILLS THAT THE STUDENT WILL BE LEARNING. For Non-CTE Work-Based Learning, CTE Standards may be used (https://www.michigan.gov/mde/0,4615,7-140-2629-540254--,00.html) or other performance elements as deemed appropriate by the local district. A site to consider for developing Non-CTE Work-Based Learning performance elements is as follows: http://online.onetcenter.org/

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 vocationally certificated teacher/coordinator makes at least one visit, every nine weeks, 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 learning 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

Vocationally Certificated Teacher/Coordinator Signature Date

Principal or Designee Signature Date

Employer 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: Administrative Assistant, 222 Education Avenue, _____, MI 48888, (313) 555-8888. Upon request to the school district superintendent, the district shall make reasonable accommodations for a person with disabilities to be able to participate in this program.

Required Attachment: Training Plan