**Student Application for Admittance**

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| Name: |  | | | | | | | | | | | | | | Student ID#: | | | | | |  | | | | | | |
| Age: |  | | | | | | | | | | | | | | Date of Birth: | | | | | | |  | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | Telephone: | | | | | |  | |
|  | | | | Street Address | | | | | | | | | | |  | | | | | | | | | |  | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | City, State, Zip | | | | | | | | | | |  | | | | | | | | | |  | | |
| Driver’s License? | | | | | |  | | Access to car? | | | | |  | | | | Interested in Summer Employment? | | | | | | | | | |  |
| Parent/Guardian Name: | | | | | | |  | | | | | | | | | | | Occupation: | | | | | | |  | | |
| Parent/Guardian Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| State your Career Objective: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Indicate the type of work site you prefer.** (List choices) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First choice: | | |  | | | | | | | | | | | | | Second choice: | | | | | | | |  | | | |
| Number of absences | | | | | | |  | | | Tardies | | | |  | | | | to date this year. | | | | | | | | | |
| Have you ever worked full-time? | | | | | | | | |  | | Part-time? | | | |  | | | Where? | | | | |  | | | | |
| Job description(s) | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently employed? | | | | | | | | |  | | | If yes, where? | | | | | | |  | | | | | | | | |
| Do you intend to further your education after high school? | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| Please attach a personal data sheet (résumé). Include as references, names of three teachers who can attest to the quality of your work. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **To the Student:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work-based learning provides an opportunity to be considered for employment and career exploration in your field of interest. When you participate in a program, you indicate that you are sincerely interested in putting forth your best efforts to receive on-the-job training. If you accept this responsibility, please sign in the space provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student Signature:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **To the Parent or Guardian:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consent to your daughter or son entering a work-based learning program and do you agree to cooperate with the school and the work site in making the training and education beneficial to your daughter or son? If so, please indicate your support and approval with your signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Parent Signature:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

**Work-Based Learning Training Plan**

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| **Paid**: | |  | | | | | | | | **Unpaid**: |  | | | **Hourly Rate** |  |
| Student Name: | |  | | | | | | | | Student  Signature: |  | | | Date: |  |
| Supervisor Name: | |  | | | | | | | | Supervision  Signature: |  | | | Date: |  |
| Teacher  Name: | |  | | | | | | | | Teacher Signature: |  | | | Date: |  |
| Parent  Name: | |  | | | | | | | | Parent  Signature: |  | | | Date: |  |
| **Work-Based Learning Position:** | | | | | | | | |  | | | | | | |
| **Employer/Host:** | | | |  | | | | | | | | | | | |
|  | Supervisor Title: | | | |  | | | | | | | | | | |
|  | E-Mail Address: | | | |  | | | | | | | | | | |
|  | Phone Number: | | | |  | | | | | | | | | | |
| Type of Work-Based  Learning Experience  (Please choose one) | | |  | | | Apprenticeship | | | | | | | | | |
|  | | | Cooperative Education | | | | | | | | | |
|  | | | Internship | | | | | | | | | |
|  | | | School-Based Enterprise | | | | | | | | | |
|  | | | Service Learning | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | |
| Career Cluster | | |  | | | Agriculture, Food and Natural | | | | | |  | Hospitality & Human Services | | |
|  | | | Architecture and Construction | | | | | |  | Information Technology | | |
|  | | | Arts, A/V Technology & Communications | | | | | |  | Manufacturing | | |
|  | | | Business and Marketing | | | | | |  | Public Safety | | |
|  | | | Education and Training | | | | | |  | STEM | | |
|  | | | Health Science | | | | | |  | Transportation | | |
| Course sequence of related classes taken (*Please list all related coursework to WBL position*) | | | | | | | |  | | | | | | | |
| Continuing Education  Goals | | | | |  | | Vocational/trade/business school | | | | | | | | |
|  | | Two year college | | | | | | | | |
|  | | Four year college | | | | | | | | |
|  | | Branch of the Military | | | | | | | | |
|  | | Apprenticeship | | | | | | | | |
|  | | Employment | | | | | | | | |
|  | | Other | | | | | | | | |
| Continuing Education  Goals:  *Specific Information* | | | | |  | | When:  Where:  Program: | | |  | | | | | |

**Training Agreement**

The following training agreement needs to be completed by the student, a parent or guardian of the student, training facility supervisor, and teacher.

**Training Site/Supervisor**

1. Supervisor at the training site will complete evaluations as scheduled by the teacher.
2. If the student is employed, the student employment will be within the provisions of all state and federal child labor laws and existing labor management agreements. The employer agrees to comply with all WBL regulations and if utilizing cooperative education, follow all student-learner applicable state and federal regulations, will provide student trainees equal opportunity employment and will not discriminate on the basis of race, color, national origin, including limited English proficiency, sex or handicapping conditions.
3. The term of agreement should be for a period of one (1) year from the date agreed upon. **Either party shall have the right to terminate this agreement upon written notice**.
4. The employer/facility will provide adequate staffing in the instructional areas so that no student will be expected to perform duties without supervision.
5. The employer/facility will provide an opportunity for the student to keep up to date with policies and new technology by notifying the school of changes in policies and technology.
6. The employer/facility will not employ or contract for the services of students or faculty members during established school hours.
7. To assure that the employer/facility has sufficient resources to meet its obligations under the agreement, both parties shall confer prior to the start of each semester regarding the students who will participate in the program at the facility and their approximate schedule for the semester.
8. It is the responsibility of the student, parent, and the employer/facility to notify the coordinator in writing of any accident that occurred while at the training site.

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| **Training Facility:** |  | | | | | |
| **Training Supervisor:** |  | | **Contact Information:** | |  | |
| *I have read the above training agreement and understand my responsibilities as outlined by the agreement.* | | | | | | |
| **Supervisor’s Signature:** | |  | | **Date:** | |  |

**School/Teacher Agreement**

1. The coordinator will visit and/or contact the training site at regular intervals to assess the student learner, to discuss the student’s progress and find out what related instruction is needed.
2. Safety orientation and procedures instruction pertaining to the training site will be supplied by the employer. General work-based learning instructions to the student will be covered in the related class by the teacher.
3. The employer and the school will provide instruction and experience at the training site and in the classroom.
4. The school assumes full responsibility for offering an accredited education program.
5. The instructor will plan the schedule and assist with assigning students to training sites.
6. Students and faculty will abide by existing rules and regulations of the facility insofar as they may pertain to their activities while in the facilities building. The facility supervisor and/or coordinator may remove students immediately that are believed to not be conducting their behavior in the best interest of the safety of themselves or others.
7. The school will require students and faculty to maintain current health records and immunizations.

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| **Teacher’s Name:** |  | | **Contact Information:** | |  | |
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| *I have read the above training agreement and understand my responsibilities as outlined by the agreement.* | | | | | | |
| **Teacher Signature:** | |  | | **Date:** | |  |

**Student Agreement: Students will**

1. Complete designated instructional time and curriculum while maintaining academic grades, attendance and graduation requirements to progress to work-based learning experience.
2. Complete the designated minimum hours of supervised training at assigned facility as directed by the school program.
3. Maintain minimum dress standards determined by your training site and/or program coordinator for professionalism and safety expectations.
4. Perform skills at the training facility that are appropriate and within the training instructions.
5. Contact the following prior to their scheduled time: a) the school (parent or guardian) b) training facility (student) c) instructor (parent or student) if they will be absent from or tardy to the school or training facility for any reason.
6. Provide his/her own transportation to and from the training site.
7. Remain at the training site unless a request to transfer is approved by the teacher-coordinator. All training sites must be approved by the teacher-coordinator.
8. Be removed from the program or prevented from returning to an advanced class if students are released from the training site by the facility for a justified reason.
9. Report a worksite related injury to the coordinator by the end of the next school day.
10. Follow the provisions of the state and federal child labor laws.
11. Not be required, or recommended, to drive to, or report to, any internship site during any part of a day covered by an announced school delay or school cancellation due to extreme inclement weather. However, we will not interfere with individual student decisions to drive to, or report to, any internship site during any such period if the student, the student’s parents (if the student is under the age of 18) and the student’s internship sites supervisor/mentor conclude that such travel can take place without undue risk to student safety.

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| --- | --- | --- | --- | --- |
| **Student Name:** | | | | |
| **Student Home School:** | | | | |
|  | | | | |
| **Parent or Guardian name:** | | | | |
| **Parent or Guardian contact information:** | | | | |
| **Program Placement** | | | | |
| **Career Coordinator** | | | | |
| *I have read the above training agreement and understand my responsibilities and relationship to the program as outlined by the agreement.* | | | | |
| **Student Signature:** | |  | **Date**: |  |
| *I have read the above training agreement and understand the responsibilities assigned to my child and the relationship to the program.* | | | | |
| ***Parent Signature:*** |  | | **Date**: |  |
|  | | | | |

This is a training agreement between the student, employer, school, coordinator, and parent/guardian. Compliance with Federal and State laws governing employment will be required. The employer, school site coordinator, parent/guardian, or school administrator may discontinue the training at any time, but each agrees to notify all other parties in advance. Elkhart Community School Corpora­tion has a policy of providing equal opportunity. All courses are open to all students regardless of age, race, color, sex, handicapping conditions, and national origin, including Limited English Proficiency. For further information, clarification, or complaint, please contact the Education to Careers Coordinator of the Elkhart Area Career Center/Elkhart Community Schools.

**Work Experience Form**

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| --- | --- | --- | --- | --- | --- | --- |
| Student Name |  | | | | | |
| Placement Location |  | | | | | |
| Supervisor Name |  | | | | | |
| Supervisor Contact Information |  | | | | | |
| Grading Period |  | | Week | |  | |
|  |  | | | | | |
| Monday | Date: |  | | Hours Completed: | |  |
| My responsibilities today and what I learned from my experience: | | | | | | |
|  | | | | | | |
| Tuesday | Date: |  | | Hours Completed: | |  |
|  | | | | | | |
| Wednesday | Date: |  | | Hours Completed: | |  |
|  | | | | | | |
| Thursday | Date: |  | | Hours Completed: | |  |
|  | | | | | | |
| Friday | Date: |  | | Hours Completed: | |  |
|  | | | | | | |
| Saturday | Date: |  | | Hours Completed: | |  |
|  | | | | | | |
| Sunday | Date: |  | | Hours Completed: | |  |
|  | | | | | | |
| Supervisor Signature: |  | | | | | |
| Comments: |  | | | | | |

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| **Site Visit Record** | | | | | | | | | | | | |
| Student’s Name |  | | | | | | Date | |  | | Time |  |
| Work Site |  | | | | | | CIP Code | | |  | | |
| Work Site Supervisor | |  | | | | | | | | | | |
| Contact Person (today’s visit) | | | | |  | | | | | | | |
| Purpose of Visit |  | | Student Observation | | | |  | Student Evaluation | | | | |
|  |  | | Problem Resolution | | | |  | Conference | | | | |
|  |  | | Other: | |  | | | | | | | |
| This form must be completed for work site visits. Remember to record observations, actions to be taken, and recommendations. Identify specific strengths and needed improvements. | | | | | | | | | | | | |
|  |  | |  | | |  | | | | | | |
| General Observations: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Student Conference/Comments: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Work Site Supervisor Conference/Comments: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Teacher/Coordinator’s Signature: | | | |  | | | | | | | | |