

TRAINING PLAN FOR WORK-BASED LEARNING

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

Student/Learner Information (*Note: This training plan MUST be attached to the student's training agreement. When attached, no additional signatures are necessary.*)

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 Certificated Teacher: _____*

Signature of Certificated Teacher: _____*

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

Performance Elements (Specific Job Skills To Be Learned)

Note: For state-approved career and technical education 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

- 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.

UNPAID IN-DISTRICT PLACEMENT AGREEMENT

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

District: _____ **School:** _____ **School Year:** _____

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

- STATE-APPROVED CAREER AND TECHNICAL EDUCATION (CTE) WORK-BASED LEARNING

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 RECEIVING SPECIAL EDUCATION SERVICES

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 a FTE deduction

Student/Learner Information

Last Name: _____ First Name: _____ Middle Initial: ____ Grade (11-12 Only): _____

H. Address: _____ Telephone Number(s): _____

Birth Date: _____ Emergency Contact Information: _____

In-District Assignment Information

In-District Placement/Assignment: _____ Class Period: _____

Certificated Teacher/Coordinator (If Related to State-Approved CTE Program, Teacher Must Be Vocationally Certificated) _____

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:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Beginning Time					
Ending Time					

*Hours per week: _____ Number of High School Credits Granted: _____

*Do not compute to more than 1/2 of the pupil's FTE.

Placement coordinator verification that safety instruction has been provided: _____ (initials)

Date of Safety Training: _____

Training Plan

IN ORDER FOR THIS 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. [Because 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.]

Attached

Student Responsibilities [Local district determines these 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 the vocationally certificated teacher/coordinator.

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. Program operates during the school day on school premises.
3. The vocationally certificated teacher/coordinator makes at least one visit, every nine weeks, to the in-district placement training site.
4. Student is regularly supervised by certified staff and provided instruction in areas of skill attainment and work safety.
5. The pupil is eligible to receive credit towards a high school diploma for the work-based learning experience.
6. Daily attendance is recorded.
7. The program must not violate the Fair Labor Standards Act and the Youth Employment Standards Act.
8. The program is designed primarily for the benefit of the student; assignments are progressive in nature; no wage entitlement; students do not displace district employees.
9. Students may not assist or work for independent contractors or vendors of the school district.

Student Signature

Date

Parent or Legal Guardian Signature

Date

Certificated Teacher/Coordinator Signature (If Related to State-Approved CTE Program, Teacher Must Be Vocationally Certificated)

Date

Principal or Designee 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: Administrat Assistant, 222 Education Avenue, _____, MI 48888, (313) 555-8888.

Required Attachment: Training Plan
Optional Attachment: Student Schedule

Work-Based Learning Training Agreement/Non-CTE 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: _____

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.: (local determination) _____

Liability Insurance Carrier: _____

Policy No.: (local determination) _____

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: _____

Appropriate safety instruction has been provided by the school or employer: _____ (initials of coordinator)

Date(s) of Safety Training: _____

Hours to be worked:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Avg. Hrs. Per Day*: _____ Max Hrs. Per Week**: _____ Starting Wage (if paid): _____

*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

Number of credit hours to be granted: _____

Number of Related High School Academic Course: _____

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. Attached

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 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 Printed Name and Signature Date

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Work-Based Learning Training Agreement/State-Approved CTE 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 (11-12 Only): _____
 Home Address: _____ Telephone Number(s): _____
 Birth Date: _____ Emergency Contact Information: _____

School District Information

School District Name: _____ School Address: _____
 Vocationally Certificated Teacher/Coordinator: _____
 Telephone Number(s): _____

Employer Information

Name of Business: _____ Supervisor: _____
 Address: _____ Phone: _____
 City: _____ Zip: _____
 Worker's Disability Carrier: _____ Policy No.: (local determination) _____
 Liability Insurance Carrier: _____ Policy No.: (local determination) _____

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: _____

Appropriate safety instruction has been provided by the school or employer: _____ (initials of coordinator)

Date(s) of Safety Training: _____

Hours to be worked:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Avg. Hrs. Per Day*: _____ Max Hrs. Per Week**: _____ Starting Wage (if paid): _____

*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

Number of credit hours to be granted: _____

Name of Related State-Approved CTE Program: _____

**Program serial number (PSN) of related state-approved CTE program: _____

[IMPORTANT: If the PSN is not filled in, it WILL result in an FTE deduction]**

Training Plan

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 Student's Signature

Date

 Parent's Signature

Date

 Vocationally Certificated Teacher/Coordinator Signature

Date

 Principal or Designee Signature

Date

 Employer Printed Name and Signature

Date

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