

Work-Based Learning Resource Guide (Additional Cooperative Education Resources*)

Contents

Student/Parent Communication
Training Agreements
Training Plans
Employer Evaluations
Additional Documentation Forms
&
Websites

June 2004

***These materials are samples collected from other states. They will be available in Word document form on the Arizona CTE website under “What’s New”: Work-Based Learning Resource Guide by September 2004.**

Samples
of
Student/Parent
Communication
&
Documentation

June 2004

SAMPLE

**WORK BASED LEARNING (WBL)
Federal Child Labor Law Hazardous Occupation
STUDENT LEARNER EXEMPTION AGREEMENT**

STUDENT/WORK SITE DATA

Student's Name _____ SS # _____ Age _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____ Grade Level _____
WBL Coordinator _____ Phone # _____
School _____
Parent Guardian _____ Phone # _____
Apprenticeship Site _____ **Phone #** _____ **Address** _____
Date Assignment Starts _____ **Planned Ending Date** _____
Travel Arrangements _____

16 AND 17 YEAR OLDS STUDENT LEARNERS

With the *Student Learner Exemption Agreement* students can be employed in specific occupations declared hazardous by the Federal Child Labor Law. This agreement may only be executed in approved WBL programs that provide specific skills training and result in placement of students in employment specifically related to that training. This agreement only applies to 16- and 17-year old student learners and specific occupations.

CHECK THE HAZARDOUS OCCUPATION(S) FOR WHICH THE EXEMPTION APPLIES:

- ☐ On a scaffolding, roof, superstructure, residential building construction, or ladder above 6 feet.
- ☐ In the operation of power-driven woodworking machines.
- ☐ In the operation of power-driven metal forming, punching, or shearing machines.
- ☐ Slaughtering, meat packing, processing, or rendering, except as provided in 29 C.F.R. part 570.61 (c).
- ☐ In the operation of power-driven paper products and printing machines.
- ☐ Excavation operations.
- ☐ Working on electric apparatus or wiring.
- ☐ Operating or assisting to operate, including starting, stopping, connecting or disconnecting, feeding, or any activity involving physical contact associated with operating tractors over 20 PTO horsepower, any trencher or earthmoving equipment, fork lift, or any harvesting, planting, or plowing machinery, or any moving machinery.

In accordance with Section 450.061 (2), the undersigned attest to the following:

- (1) The student learner is enrolled in a youth vocational training program under a recognized state or local educational authority.
- (2) The work of the student learner in the occupation declared particularly hazardous is incidental to the training received.
- (3) The work performed shall be intermittent and for short periods of time and under the direct and close supervision of a qualified and experienced person.
- (4) That safety instructions shall be given by the school and correlated by the employer with on-the- job training.
- (5) That the student has a schedule of organized and progressive work processes to perform on the job.

Student's Name (type or print)

Student's Signature

Parent's/Guardian's Name (type or print)

Parent's/Guardian's Signature

Employer's Name (type or print)

Employee's Signature

Coordinator's Name (type or print)

Coordinator's Signature

Principal's Name (type or print)

Principal's Signature

Optional: Superintendent's Name (type or print)

Optional: Superintendent's Signature

A copy of this agreement shall be maintained by the employer and the school.

SAMPLE**WORK BASED LEARNING (WBL)**
INSURANCE AND EMERGENCY INFORMATION**PERSONAL DATA**

Student's Name _____ Birth Date _____

Student's Home Address _____ City _____ State _____ Zip _____

Student's Social Security Number _____ Home Phone _____

School Name _____ Address _____ Phone _____

INSURANCE COVERAGE

<u>Insurance Coverage</u>	<u>Yes/No</u>	<u>Family</u>	<u>School</u>	<u>Employer</u>
Liability and/or Bonding	_____	_____	_____	_____
Workers' Compensation	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____

Name of H/A Ins. Co. _____ Insured _____ Policy # _____

NOTE: Please identify who is providing coverage by placing an (X) in the appropriate box.**STUDENT MEDICAL INFORMATION**

List medical information about the student that would be helpful in case of an emergency.

Allergic to medications? _____ YES _____ NO

If yes, what medications? _____

List any allergies or other medical problems of the student. _____

FAMILY INFORMATION

Parent/Guardian Name _____ Work Phone _____

Work Name/Address _____

Parent/Guardian Name _____ Work Phone _____

Work Name/Address _____

Parent/Guardian Home Address _____ Home Phone _____

Emergency Contact _____ Phone _____

SIGNATURES**I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.**

Parent/Guardian's Signature _____ Date _____

Student's Signature _____ Date _____

Note: This form should be kept on file at school. If student is participating in a WBL activity, a copy should also be on file at the work site.

SAMPLE
WBL TRANSPORTATION AGREEMENT
Parent/Guardian Permission Authorizing
Student Transportation by Privately Owned Vehicles

_____ Public Schools requests and expects that students who participate in work based learning (WBL) programs be transported to their work site by use of a commercial common carrier (i.e. public transportation by bus) when feasible. However, because of the general unavailability and inconvenience of such transportation, it is sometimes necessary for students and/or parents/guardians to provide other transportation.

If a student wishes to drive or ride in a privately owned vehicle, and if the conditions listed in this form are met and approved by the parent or guardian, then this instrument will serve to let the student, the participating school, and the school district know that the parent/guardian desires to have the student drive or ride in a privately owned vehicle. Parents/guardians who wish to permit their son/daughter or ward to drive or ride in a privately owned vehicle will explain or advise their child or ward that full responsibility for all passengers lies with the driver and/or the driver's parents or guardians.

Permission is granted for the student to drive or ride to or from the work site in a privately owned vehicle only if all of the following conditions are met:

- The student driver provides verification that he/she possesses a current driver's license and proper insurance coverage.
 - Transportation is limited to the student driver and a maximum of one passenger and preferably no passengers.
 - The sole purpose of the transportation is getting to and from the work site.
 - The parent/guardian, student, and WBL coordinator sign this transportation agreement.
-

1. I, the Parent/Guardian of the below-signed student, hereby authorize my son or daughter to drive or ride in a privately owned vehicle to and from a work site. I am aware of the risks and circumstances of transportation by privately owned vehicle instead of by commercial common carrier. I have considered these risks and have decided that my child or ward may use transportation by private vehicle instead of by commercial common carrier (i.e., city bus). My signature on this form indicates that I authorize permission for private transportation. I also agree to hold _____ Public Schools harmless in the event of injury to the student including any property damages while the student is driving to and from work by transportation other than that provided by _____ Public Schools.

In consideration of the student being permitted to participate in the WBL program of _____ Public Schools, (hereinafter "School District"), each of the undersigned, for himself or herself, personal representatives, heirs, assigns and next of kin, agrees and does hereby release the School District, all current, former, and future employees, and members of the School Board of the School District, and their heirs, executors, administrators, successors and assigns from any and all liability, claims, demands, costs, charges and expenses incident to any property damage and personal injuries sustained by the student while driving to and from the work site.

The undersigned has read and voluntarily signs this permission and the release and waiver of liability. The undersigned agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Parent/Guardian Signature	Date	Telephone
<hr/>		

2. I hereby request permission to drive or ride in a privately owned vehicle to my work site.

Student Signature	Date	Telephone
<hr/>		

3. As a WBL Coordinator in the _____ Public Schools, I have signed this form only to acknowledge that the form has been received, completely filled out, signed, and filed in my office.

WBL Coordinator Signature	Date	Telephone
<hr/>		

SAMPLE
COOPERATIVE EDUCATION (COOP)
PARENT INFORMATION LETTER
(Sent on school letterhead)

Date

Parent's Name

Address

City/State/Zip

Dear _____:

Your son/daughter has registered to participate in the Cooperative Education Internship Program at High School. This is a structured work based learning program whereby students in the 11th and 12th grade receive school site occupational instruction and related paid work site experience for application of that instruction. Cooperative education offers students a chance to extend the classroom into a workplace setting, combining classroom activities with actual work experience. The purpose is to provide students the opportunity to connect what they learn in school with work site application to enable a smooth transition into the work force or postsecondary education upon high school graduation.

All students will interview for positions in local businesses. The final placement of students is based on the employer's decision. Students and parents will be asked to sign and abide by a contractual training agreement, which must be signed before the student begin the placement for high school credit.

Work site evaluation of the student-learner's performance will be conducted by the employer and discussed with the student by the employer and school coordinator to assess progress towards attainment of established competencies. School personnel will conduct regular on-site visits to monitor the student-learners progress.

I am looking forward to working with you and your son/daughter during this school year. If you have any questions, please feel free to contact me at school (phone #) or at home (phone #).

Sincerely,

Name

Cooperative Education Program

Teacher/Coordinator

**SAMPLE
COOPERATIVE EDUCATION (COOP)
FORMER STUDENT FOLLOW UP**

Please complete this survey regarding your participation in the Cooperative Education Program at._____. While you are not required to respond, your cooperation is needed to ensure that the results of this effort are comprehensive, reliable, and timely. The responses that you give will be kept strictly confidential.

1. What is your current educational status? (Check one)

- ☐ Full-time student
- ☐ Part-time student
- ☐ Not currently attending school

2. What is your highest level of educational attainment? (Check one)

- ☐ High School Diploma
- ☐ Associates Degree
- ☐ 2-Year Certificate
- ☐ Certificate of Mastery
- ☐ Baccalaureate Degree
- ☐ Masters Degree
- ☐ Ph.D.
- ☐ Other _____

3. What is your current employment status? (Check one.)

- ☐ Employed Includes all employment, including full-time military service..
- ☐ Employed Full-time military service.
- ☐ Unemployed Not employed, but actively seeking employment.
- ☐ Not in the Labor Force Not employed and not seeking employment because of choice, illness, full-time student status, retirement, pregnancy, or other such reason.

NOTE: If you are currently employed, please answer the remaining questions. Otherwise, skip to item #8.

4. Please provide the following information regarding your current job:

Name of Company or Firm (If self-employed, please write self.)

Company or Firm Mailing Address

City

State

Zip Code

Your Immediate Supervisor: Last Name

First Name

M.I.

The State Department of Vocational Education may contact my immediate supervisor regarding the vocational training I received.

Your Signature

Printed Name

Year in which you completed vocational program

FORMER STUDENT FOLLOW-UP SURVEY

CURRENT JOB INFORMATION

Job Title _____

Job Duties _____

5. What is your current salary before deductions? (Do not add overtime)

\$_____ per_____

6. The salary in the preceding item is based on how many hours per week employment?

_____hours per week

7. Is the job related to your field of vocational training?

- ☐ Yes, it is directly or closely related. (If yes, skip item #8)
- ☐ No, it is only remotely related or is not related at all. (If no, answer item #8.)

8. Have you ever been employed in a job directly or closely related to your field of vocational training since you completed or left your program?

- ☐ Yes
- ☐ No

**Thank you very much for your cooperation.
Please return this form in the enclosed envelope.
No postage is required.**

Sample Parent Letter

CAREER BASED INTERVENTION
Bob Smith, Teacher/Coordinator
Ohio High School
1234 North Main Street
Anytown, OH 43251

July 30, 2004

Mr. and Mrs. John Jones
135 Apple Street
Anytown, OH 43251

Dear Mr. & Mrs. Jones:

Ohio High School is pleased to announce that your son, Jason, has been selected for our Career Based Intervention program for this school year.

Soon, I will be contacting you to arrange a home visit with you and Jason to explain the details of our CBI program and to have necessary papers signed.

I feel that this program will be an opportunity for Jason to experience success in school and participate in career based learning. I look forward to working with Jason during this school year.

Sincerely,

Bob Smith
CBI Teacher/Coordinator

Sample HOME VISIT CHECKLIST

Suggested CBI student file information: (some information not contained in student's school file may be obtained during home visit)

Copies of:

Birth certificate

Social security card

Student's records:

Grades

Proficiency scores

Suspensions/expulsions

Attendance

Current school year schedule

Student CBI application

Photo of student

Training plan

Training agreement

Child Labor Bulletin 101 and/or

State of Ohio Minor Labor Laws poster

Permission forms

Emergency medical form

Work permit application forms

Home visit suggested items:

_____ (2) Folders for paper work (one for family, one for CBI coordinator's file)

_____ (3) Ink pens for signing forms

_____ Teacher/coordinator business cards

_____ Program overview pamphlet

_____ Student records (credits earned, past grades, proficiency results, graduation requirements, etc. to be shared with student and student's family)

_____ For younger students, take information on admission to local career technical schools.

_____ Student's class schedule

_____ Student application form (Can be form student completed in spring)

_____ (2) Student and Parent Contract

_____ (4) Training agreement (either WECEP or non WECEP)

_____ Class rules and guidelines

_____ Parental permission forms for field trips and/or job shadowing

_____ Computer usage permission forms

_____ Emergency Medical Form

_____ Parking application

_____ Work permit application forms

_____ Physical card (for work permit)

_____ Arrange to get a photo copy of student's Social Security Card and birth certificate (if needed)

Sample ACADEMIC PUPIL DATA for Career Based Intervention

Name _____ Birth date _____ Age _____

Male or Female _____

Achievement Test Data	Pre-Test/Date	Post-Test/Date
Name of Test		Grade Equivalent

Math	_____	_____
------	-------	-------

Reading	_____	_____
---------	-------	-------

School History: Grade(s) repeated _____

Comparisons: Year Prior to CBI		CBI Yr.		Year Prior to CBI	CBI Yr.
Reading _____		_____		Absences _____	
Math _____		_____		Tardies _____	
Science _____		_____		Times Suspended _____	
History _____		_____		Days Suspended _____	
English _____		_____			

Sample

Parent/Guardian Evaluation **Wisconsin's Cooperative Education Skill Standards Certificate Program**

(use additional pages as necessary)

Assess the quality of the program by completing the questions listed below:

1. Have you noticed any improvement in the maturity level of your son/ daughter as a result of being enrolled in the *Cooperative Education Skill Standards Certificate Program*? *Circle One:*
Yes No *Comments*
2. Have your son's/daughter's overall grades shown improvement? *Circle One:*
Yes No *Comments*
3. Has your son's/daughter's attendance in school improved over previous years? *Circle One:*
Yes No *Comments*
4. Do you feel that the workplace in which your son/daughter was placed offered adequate preparation to find full-time employment upon graduation? *Circle One:*
Yes No *Please explain.*
5. Have transportation problems occurred? *Please explain.*
6. What problems, if any, do you feel your son /daughter encountered at work; for example, getting along with other employees or supervisors, lack of job skills, lack of a pleasant atmosphere, etc.? *Please list problem areas.*
7. List any advantages of the *Cooperative Education Skill Standards Certificate Program* not previously indicated.
8. List any disadvantages/criticisms/barriers of the *Cooperative Education Skill Standards Certificate Program*.
9. If you had to make the decision again, would you have your son/daughter enroll in *Cooperative Education Skill Standards Certificate Program*?
Yes No *Comments*

Sample

Student Information Card

Student Learner	Car Make / Model	Vehicle License Number
Address		Student Identification Number
Parent / Guardian		Home Telephone ()
Employer		Address
Telephone ()		Workplace Mentor

REQUIRED GRADUATION CREDITS

English	Science	Math	Health	Phys Ed
---------	---------	------	--------	---------

CLASS SCHEDULE

Period	Subject	Room Number	Teacher
1			
2			
3			
4			
5			
6			
7			

SPECIAL INSTRUCTIONS:

WORK SCHEDULE

	Day	Work Hours	
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
	Saturday		
	Sunday		

Sample

Student's Self Evaluation of Progress **Wisconsin's Cooperative Education Skill Standards Certificate Program**

(use additional pages as necessary)

Student Learner	Grading Period
Teacher Coordinator	High School
Employer	Workplace Mentor
GENERAL EVALUATION	
<p>1. Assess your progress in the following areas by answering the following questions:</p> <p>a) Workplace Experiences: <i>Describe your workplace experiences and any methods used to improve your skills.</i></p> <p>b) Teamwork/Communication With Others: <i>In what type of team experiences have you been involved? What was your level of participation in the team?</i></p> <p>c) Responsibility: <i>Describe your role in ensuring quality in your job tasks.</i></p> <p>d) Maintaining Schedule/Use of Time: <i>Describe your work schedule.</i></p>	
EVALUATION OF PROGRESS	
<p>1. What skills do you feel you have learned through this experience? How were these skills learned?</p> <p>2. What skills do you feel you have improved? How were your skills improved?</p> <p>3. Why do you feel these skills needed improvement?</p>	
WORKPLACE EVALUATION	
<p>1. How do you rate the quality of instruction and supervision at your workplace?</p> <p>2. How would you describe your interaction with other employees at your workplace? With your workplace mentor?</p> <p>3. How would you describe the working conditions at your workplace?</p> <p>4. What kind(s) of problem(s), if any, have you encountered at your workplace that you feel need to be addressed?</p>	