

Workplace Experience Agreement

Student Name _____ School _____

Business _____ Employer/Supervisor _____

Business Phone _____ Business Address _____

STUDENT AGREEMENT

As the student:

1. I recognize that the teacher/coordinator is the final authority for any adjustments or changes in my job site, and the student will be the first person contacted regarding any major concerns.
2. I understand that the job site is an educational experience, and that **when** class credit is awarded for documented hours, due to my enrollment in a separate work-based learning course, I will be awarded the class credit in accordance with applicable policy of Adams 12 Five Star Schools (the "District").
 - a. Credit-for-Work Experience:
 - i. Credit / Hours must be earned during the school calendar year of August to May.
 - ii. 0.5 Credit = 125 hours / 1.0 Credit = 250 hours.
 - iii. A student cannot earn more than 0.5 credit per semester. Students must work the required number of hours in the semester in which they are awarded credit.
3. I understand I am required to provide documentation of these hours by submitting a paycheck stub, work hours log, and/or supervisor's written statement. Approved hours will be reviewed and the credit will be placed on my student transcript, when applicable. Otherwise, I understand that the work-based learning experience is a component of my current class expectations.
4. I understand that there should be a balance between school and the job experience. It is recommended that I do not to exceed 20 hours of work per week, unless mutually agreed upon by my teacher/coordinator, my employer/supervisor, and my parent/guardian. I will be held accountable for all assignments I may miss during my internship hours, if applicable.
5. I agree to assist in coordinating the selection of an appropriate job site with my teacher/coordinator or understand that my work- based learning placement may be determined by my teacher/coordinator based on availability of the industry partner.
6. I agree that any changes in the job site and/or employment plan must be coordinated with my teacher/coordinator, my employer/supervisor, and my parent/guardian.
7. I will furnish my own transportation to and from the job site, and will observe all traffic regulations. I understand that I am to carry proof of automobile insurance coverage on my vehicle as required by Colorado law.
8. I will be ON TIME at the job site. I understand that I am to report to the job site as scheduled even when school is not in session (i.e. teacher in-service days, winter/spring breaks, other holiday vacations, etc.), as coordinated with my employer/supervisor.
9. I will notify my employer/supervisor as early as possible (6-8 hours in advance) on days when I am not able to report to the jobsite as scheduled due to illness or other personal responsibilities, such as family vacation or required school events.
10. I agree that if I am terminated (or suspect that termination is imminent) at the job site, I will inform my teacher/coordinator on the next school day. If I obtain permission from my teacher/coordinator to terminate the work-based learning assignment, my resignation must be submitted in writing to my employer/supervisor two weeks prior to leaving. Failure to do so may result in the loss of my work-based learning credit for that semester.
11. I will conduct myself in an acceptable manner and conform to the company dress code, policies and procedures, and safe guidelines, including all personal protective equipment needed to comply with local, state and federal requirements.
12. I understand that I will be evaluated on my performance according to the company's guidelines. Violations of the employer's policies could lead to termination of my work-based learning experience as well as discipline in accordance with District policy.
13. I will complete alternative assignments provided by my teacher/coordinator and/or seek volunteer opportunities if I am laid off, receive a documented reduction in work hours, experience injury or illness, etc.
14. I understand that the job site is an extension of my educational experience; therefore, I will abide by District policy and school rules while employed. This includes the District's policy regarding the use and/or possession of alcohol, drugs, and weapons. I also understand that violations of the District's Student Code of Conduct and/or other District policies could lead to termination of my work- based learning experience as well as student discipline in accordance with District policy.

Electronic Signature of Student: _____ Date _____

IMPORTANT NOTE: By signing your first and last name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Workplace Experience Agreement.

Work-Based Learning Goals/Expectations Completed by Employer/Supervisor and Student

Please check mark boxes in the left-hand column that clearly state the employer’s goals and/or expectations of the employee/student that will be evaluated during the school year. There are additional blank spaces for employer-specific goals/expectations. Upon completion of the Work-Based Learning (WBL) experience, please rank the student’s performance in accordance with the scale in the right-hand column.

Work-Based Learning Goals/Expectations <i>Adams 12 Five Star Schools Generation Skills</i> <i>Colorado’s Postsecondary Workforce Readiness (PWR) Standards</i>		Post-Evaluation 0=Student did not perform to expectations 4= Student performed beyond expectations				
Check all areas that apply	Description of Key Goals/Expectations	0	1	2	3	4
Communication:						
<input type="checkbox"/>	Ability to convey ideas through written and oral communication					
<input type="checkbox"/>	Willingness to listen and contribute to group brainstorm and think sessions					
<input type="checkbox"/>	Able to advocate for workplace needs					
<input type="checkbox"/>	Understands that written and oral feedback is an opportunity for personal and professional growth					
<input type="checkbox"/>						
<input type="checkbox"/>						
Collaboration:						
<input type="checkbox"/>	Works effectively with others					
<input type="checkbox"/>	Interacts effectively with and respects the diversity of different individuals, groups, and cultures (PWR 2.4.b)					
<input type="checkbox"/>	Acknowledges authority and takes direction					
<input type="checkbox"/>	Cooperates for a common purpose					
<input type="checkbox"/>						
<input type="checkbox"/>						
Agility and Adaptability:						
<input type="checkbox"/>	Demonstrates flexibility and adaptability					
<input type="checkbox"/>	Acts with maturity, civility, and politeness					
<input type="checkbox"/>	Plans and prioritizes goals					
<input type="checkbox"/>						
<input type="checkbox"/>						
Critical Thinking:						
<input type="checkbox"/>	Applies logical reasoning & analytical skills					
<input type="checkbox"/>	Demonstrates intellectual curiosity					
<input type="checkbox"/>	Plans and prioritizes goals					
<input type="checkbox"/>						
<input type="checkbox"/>						
Self-Direction and Personal Responsibility:						
<input type="checkbox"/>	Takes initiative and follows through					
<input type="checkbox"/>	Manages time effectively and takes responsibility for actions and completion of work					
<input type="checkbox"/>	Behaves honestly and ethically					
<input type="checkbox"/>	Reports to work on time and manages daily work schedule					
<input type="checkbox"/>						
<input type="checkbox"/>						



EMPLOYER/SUPERVISOR AGREEMENT

Commitment to Work-Based Learning

As the Employer/Supervisor, I hereby acknowledge, agree to, and understand the following:

1. I understand that this is a school-to-career partnership; therefore, I will work closely with the student and the Teacher/Coordinator identified in this Workplace Experience Agreement.
2. I agree to support the terms of this Agreement and provide a variety of learning experiences that will contribute to the student's career objective(s).
3. I will immediately notify the Teacher/Coordinator if the student violates the terms of this Workplace Experience Agreement and/or is in danger of termination for any reason, as I understand that academic credit may be awarded for this workplace experience.
4. I understand that the job site, whether in-person or virtual, is provided for learning purposes.
5. I understand that this work-based learning experience may be terminated when the student leaves the program. This work-based learning experience may also be terminated by the Employer/Supervisor if the student does not meet the expectations set forth in this Agreement.
6. I will help support the student by providing standard training opportunities, an industry performance evaluation, and/or industry certifications for the duties that the student will be assigned during their work-based learning experience, if applicable.
7. I understand that I must comply with all safety standards for my industry, as well as follow all current safety guidelines provided by my Employer, public health organizations, and Adams 12 Five Star Schools (the District).
8. I understand that the Employer/Business has a responsibility to ensure that there is an internal screening procedure in place for employees who are mentoring and/or supervising students, including a criminal background check. This has been discussed with the Teacher/Coordinator prior to student placement to ensure that Company policy aligns with the District's policies and legal obligations.

Representations

As the Employer/Supervisor and representative of _____ (the Employer/Business), I hereby make the following representations with respect to this work-based learning experience.

1. The Employer/Business identified above follows and complies with, and will continue to follow and comply with, all applicable federal, state, and local labor and employment laws and regulations. This includes wage and hour, child labor, and all other applicable federal, state, and local laws pertaining to student employment and safety.
2. The Employer/Business shall not exclude students from participation in the work-based learning opportunity on the basis of any protected characteristic under federal, state, or local Equal Opportunity Laws and shall protect the student from sexual harassment.
3. The Employer/Business shall provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards. The Employer/Business shall also properly train students before they operate any equipment.
4. The Employer/Business shall immediately provide notice in case of accident, sickness, or any other serious problems associated with the student's work-based learning or work-site experience.

In the event a claim and/or demand is brought against the District arising out of, associated with, or as a result of the student’s work-based learning experience at Employer/Business, the District reserves the right to seek indemnification, legal fees, and costs from Employer/Business in responding to or defending such claim and/or demand.

Workers Compensation Acknowledgement

Adams 12 Five Star Schools will provide the student’s workers compensation insurance when the student is not being paid by the work-based learning experience partner. A certificate of coverage will be provided to the Employer/Business by the Teacher/Coordinator at the time of the Workplace Experience agreement.

If the work-based learning experience partner is paying the student and benefiting from the student’s work, the partner understands that they will cover the student’s workers compensation and general liability.

Electronic Signature of Employer/Supervisor: _____ **Date:** _____

IMPORTANT NOTE: By signing your first and last name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Workplace Experience Agreement.

PARENT/GUARDIAN AGREEMENT

As the Parent/Guardian:

1. I understand that my student is participating in this work-based learning experience and this requires that my student may be off campus during school hours for the work-based learning experience.
2. I understand that my student is expected to be in school on the days that my student is not assigned to be at the workplace.
3. I understand that there are inherent risks involved in work-based learning opportunities and experiences. I hereby release and discharge Adams 12 Five Star Schools (the District) and its directors, employees, representatives, and Board of Education for any claim, cause of action, rights, damages, and demands of any kind or nature, known or unknown, including claims for attorney's fees and costs arising out of the aforementioned activity in which I and my student have elected to voluntarily participate.
4. I understand that my student needs to work on assignments outside of the classroom.
5. I understand that during the training phase of the work-based learning experience, my student has the potential to earn industry specific certifications to help with their employability skills, when applicable.
6. I understand that my student is required to transport him/herself to and from the work-based learning experience. All required paperwork to allow my student to transport him/herself will be completed and I acknowledge that the minimum automobile insurance coverage per Colorado law is current and that my student is covered by this policy.
7. I agree to contact the teacher/coordinator relative to any problems pertaining to my student's work-based learning experience.
8. I understand that my student will be expected to follow District policies, including Student Code of Conduct policies, while participating in the work-based experience and that my student's failure to follow District policy may result in termination of the work-based experience.

Electronic Signature of Parent/Guardian: _____ **Date:** _____

IMPORTANT NOTE: By signing your first and last name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Workplace Experience Agreement.



TEACHER/COORDINATOR AGREEMENT

As the Teacher/Coordinator:

1. I will work closely with the student, the parent/guardian, and the employer/supervisor to make the student's work experience rewarding and educational.
2. I will verify with the employer/supervisor that all company employees are approved to supervise and mentor student workers.
3. I will remain in regular contact with the student regarding workplace location(s), hours and workplace expectations.
4. I will notify the employer/supervisor immediately if the student is in violation of this agreement, when it affects the student's progress in the class and/or on the job.
5. I will evaluate the student at regular intervals, both in the classroom and at the workplace and provide additional support where needed to improve the student's essential and employability skills.
6. I will allow students to seek volunteer opportunities, provide alternative assignment(s) and/or project(s) to students who have been laid off, experience a reduction in work hours due to policy changes, are unable to work for an extended period of time due to injury or illness, etc. (must be documented and out of the student's control.) These alternative assignments will remain in student files and be used as a final assessment to determine a student's grade at the end of the semester.
7. I will verify that the employer/supervisor is in compliance with all safety regulations and any current health regulations that are mandated by county, state and guidelines/policies of Adams 12 Five Star Schools (the District).
8. When applicable, I will provide the necessary certificate of coverage for Workers Compensation to the work-based learning experience partner, which is obtained through the District's Risk Management Office.
9. I will maintain all permission forms, agreements, evaluations, and student work logs for a period of seven years per audit guidelines for CDE and/or CTE compliance.

Electronic Signature of Teacher/Coordinator: _____ **Date:** _____

IMPORTANT NOTE: By signing your first and last name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Workplace Experience Agreement.



Non-Discrimination Statement: Title VI, Title IX, Section 504, Age Discrimination Act, Title II

The District is committed to non-discrimination in relation to race, color, sex (including pregnancy, childbirth, and related medical conditions), age, religion, creed, national origin (including ethnicity), ancestry, genetic information (including family medical history), marital status, sexual orientation, transgender identity, gender identity, gender expression, or disability (“protected Classes”), in its educational programs, activities, operations and employment decisions. Harassment is a form of discrimination. Anyone engaging in discrimination shall be subject to discipline in accordance with this and other District policies.

To that end, any student who believes they have been discriminated against, or who witnesses discrimination (including bullying or harassment) will promptly make a report to a District administrator or supervisor, or the Title IX/Non-Discrimination Coordinator. The District’s Title IX/Non-Discrimination Coordinator is:

Mike Rager
Educational Support Center (ESC) 1500 E. 128th Avenue
Thornton, CO 80241
720-972-4179
michael.p.rager@adams12.org

www.adams12.org/programs/non-discrimination

For more information regarding the District’s Non-Discrimination policy and Sexual Harassment Policy (that falls under Title IX), please visit the District’s [Non-Discrimination webpage](#).

- **District Policy 8400** https://www.adams12.org/sites/default/files/uploads/documents/8400-SP_0.pdf
- **District Policy 8410** <https://www.adams12.org/sites/default/files/uploads/documents/8410-SP.pdf>
- [Student Code of Conduct and Legal Notifications](#)