



Work-Based Learning Plan and Agreement

Office of Career and Technical Education

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|---|---|-------------------------------------|--|
| <input type="checkbox"/> Co-op | <input type="checkbox"/> Shadowing | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Entrepreneurship |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Service-Learning | <input type="checkbox"/> Internship | <input type="checkbox"/> School Enterprise |

Student Information

Student's Name: _____ Date: _____
SSID Number: _____ Date of Birth: _____
Student's Street Address: _____
City: _____ State: _____ Zip: _____
Cell Phone Number: _____
E-mail Address: _____

School Information

School: MONTGOMERY COUNTY AREA TECHNOLOGY CENTER
District: KENTUCKY TECH
School's Street Address: 682 WOODFORD DRIVE
City: MT. STERLING State: KY Zip: 40353
Phone Number: (859) 498-1103

Pathway/Program Information

CTE Program Area: _____
Certified Program Area Teacher: _____

Community/Business Partner Information

Business Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Worksite Supervisor's Name: _____
Worksite Supervisor's Title: _____
☐ Worksite Supervisor's Background Check(s)
Student's Work Schedule (Days and Hours): _____
Start Date: _____ End Date: _____
Total Hours Per Week: _____ Hourly Wage: _____

Based on the type of work-based learning, complete each of the following that are applicable:

General Workplace Competencies

Students will be evaluated on the following workplace competencies:

- Attendance/Punctuality
- Appropriate Dress
- Positive Attitude
- Dependability
- Initiative
- Ability to Follow Directions
- Job Knowledge
- Cooperation
- Adaptability/Flexibility
- Relationships with Co-Workers
- Time Management
- Quality of Work
- Quantity of Work
- Abides by Company Rules/Regulations
- Safety/Equipment
- Other as Determined by Placement

Technical Skills/Competencies (Hazardous Occupations*)

List any technical skills/competencies required for the placement:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

*Additionally, the [addendum](#) for “hazardous occupations” shall be completed if the placement is associated with an exemption for hazardous occupations.

Occupational Safety Competencies

List any occupational safety competencies required for the placement:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Student's Name:

School Year:

The student agrees to:

- be courteous and considerate of the employer, co-workers, and others;
- keep the employer's best interest in mind and to be punctual, dependable and loyal;
- notify the employer and the coordinator as soon as possible if they are not able to attend work and/or school;
- keep such records of work experiences and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines;
- conform to the policies, procedures and regulations of the employer and the school;
- maintain a satisfactory performance level while on the job;
- abide by the WBL Plan/Agreement developed by the teacher, coordinator and employer.

The teacher and/or coordinator agrees to:

- prepare, with assistance of the training supervisor, a WBL Plan/Agreement;
- revise the WBL Plan/Agreement as needed to improve the student's work experience;
- visit the student on the job as often as appropriate to the WBL experience to determine instructional needs and to ensure that the student receives job training and supervision, as well as a variety of job experiences;
- maintain confidentiality related to the information gathered from the company/business;
- adequately train and prepare the student for success, prior to the WBL placement.

The parent/guardian agrees to:

- accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home;
- support the concepts of work-based learning experiences;
- abide by the WBL Plan/Agreement for hazardous occupations, when applicable.

The employer agrees to:

- take an active part in the training and supervision of the student while providing instruction in accordance with the WBL Plan/Agreement;
- provide safety training as required by OSHA;
- assist the teacher/coordinator in the evaluation of the student's performance on the job by completing the necessary evaluation forms, when required;
- provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards;
- give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations of the business;
- comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age;
- comply with all laws regarding wages and hours of minors and student learners;
- contact the teacher/coordinator prior to the student's dismissal from employment;
- pay the student/trainee when an employer/employee agreement is negotiated;
- ensure that all supervising employees have completed a criminal background check;
- maintain confidentiality of student information in accordance with state and federal law.

☐ If this agreement is for a paid work-based learning placement, the employer certifies that this student is covered by **Worker's Compensation Insurance** and that the policy is now in force and registered with the Kentucky Department of Workers Claims as prescribed by KRS 342.630 (or with the appropriate agency, if the place of employment is outside of the state of Kentucky).

Required Signatures

Student:	Date:
Worksite Supervisor:	Date:
Certified Program Area Teacher:	Date:
Work-Based Learning Coordinator:	Date:
Principal:	Date:
Parent/Guardian:	Date:

Work-Based Learning Plan/Agreement Distribution

Copies of the Work-Based Learning Plan/Agreement have been sent to the following:

- ☐ Employer
- ☐ Principal
- ☐ Student
- ☐ Certified Program Area Teacher
- ☐ Parent/Guardian



The Office of Career and Technical Education complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, mental status or age.
Equal Education and Employment Opportunities M/F/D

Work-Based Learning

Transportation Agreement

Office of Career and Technical Education

☐ Service-Learning

☐ Job Shadowing

☐ Internship

☐ Co-op

☐ Mentoring

☐ School-Based Enterprise

☐ Entrepreneurship

☐ Apprenticeship

_____ has permission to participate in the work-based learning opportunity checked above. As the student's parent/guardian, I understand the school and/or employer are not responsible for transportation to and/or from the worksite. In addition, I acknowledge my student has adequate liability insurance coverage and has my permission to be transported to/from the worksite in the following way(s):

☐ Student will drive themselves.

☐ Student will use public transportation. *

☐ Student will be transported by a parent/guardian. *

☐ Student has permission to ride with classmate to worksite. *

****Note: If permission is given to be transported by means other than driving themselves, use the space below to detail specific transportation plans and list individuals permitted to transport the student.***

☐ I hereby give consent for participation in the work-based learning marked above and release the school, district and its staff from responsibility should any unforeseen accident occur for the duration of this work-based learning placement.

Required Signatures

Student:

Date:

Worksite Supervisor:

Date:

Certified Program Area Teacher:

Date:

Principal:

Date:

Parent/Guardian:

Date:



Student Evaluation & Timesheet

Office of Career and Technical Education

☐ Co-Op
☐ Mentoring

☐ Job Shadowing
☐ Internship

Work Period (two-week cycle)
Start Date: End Date:

Student Information

Student's Name:

Date:

Employer:

Worksite Supervisor's Name:

Worksite Supervisor's Phone Number:

Evaluation Information

**Instructions: Please mark the student's rating for the competencies listed below.
Use the comments area to list any specific praise or concern with the student's performance.**

Use the following scale for evaluation: 1—Poor 2—Needs Improvement 3—Average 4—Good 5—Excellent

1 2 3 4 5

Attendance/Punctuality

Appropriate Dress

Positive Attitude

Dependability

Initiative

Following Directions

Job Knowledge

Cooperation

Adaptability/Flexibility

Coworker Relationships

Time Management

Quality of Work

Quantity of Work

Follows Company Rules

Attention to Safety

Equipment Usage

Industry Terminology

Response to Training

Additional Comments:

Total Hours Worked each day:

Week 1					Week 2				
Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday

Worksite Supervisor's Signature:

Date: