Student Application | Cooperative Education Program

DIMAN REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL
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Massachusetts Department of Elementary & Secondary Education
Career/Vocational Technical Education

COOPERATIVE EDUCATION AGREEMENT
M.G.L. Chapter 74 and 603 CMR 4.03 (7)

This is an agreement between an Equal Opportunity Employer and the School Committee of Diman Regional Vocational Technical High School to provide a student who is enrolled in a state-approved (Chapter 74-approved) vocational technical education program with an organized, progressive and diversified paid employment experience that will provide him/her with employability and technical skills that are not acquirable in a school-based setting.

STUDENT CONTACT INFORMATION

ID #: _____ Shop: _____ WEEKS: _____ YOG: _____

Student's Name: _____
(Last) *(First)* *(Middle)*

Home Address: _____
(Number) *(Street)*

City/Town: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

WORK PERMIT INFORMATION

Place of Birth: _____ Date of Birth: _____ / _____ / _____ Gender: _____

Hair Color: _____ Eye Color: _____

STUDENT EMPLOYMENT INFORMATION

Do you agree to follow all the rules and regulations for participation in this program as outlined in the student handbook? ❒ Yes ❒ No

Are you a U.S. Citizen? ❒ Yes ❒ No

Do you have transportation to/from work? ❒ Yes ❒ No

Are you available to work part time after school if requested? ❒ Yes ❒ No

What shifts are you willing to work? *(Check all that apply)* ❒ 1st ❒ 2nd

How far are you willing to travel from home? *(Check 1)* ❒ 15 min. ❒ 15-30 min. ❒ 30-45 min. ❒ 45-60 min.

1. CareerSafe Online/ServeSafe ❒ Yes ❒ No
2. OSHA 10-Hour General Industry ❒ Yes ❒ No
3. OSHA 10-Hour Construction Industry ❒ Yes ❒ No

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____
(Last) *(First)* *(Middle)*

Home Address: _____
(Number) *(Street)*

City/Town: _____ State: _____ Zip Code: _____

Home No.: _____ Cell No.: _____ Work No.: _____

Email: _____

STUDENT GUIDELINES

In order for a student to participate in Diman Regional Vocational Technical High's Cooperative Education Program, the student must agree to the following conditions of employment:

- Must adhere to school standards as well as work standards, as set forth by the employer
- Student must immediately return to Diman RVTHS due to lack of work or if released from work for any reason and notify the office of the Director of Cooperative Education upon their return
- Student must provide/coordinate own transportation
- Student must pass all Chapter 74 Shop and Related requirements
- Student must have a grade of 70 in all courses
- Students understand that their respective weeks are subject to change due to placement. The district and its representative(s) reserves the right to make such change as needed
- Student must submit their time entries via electronically daily while out on placement. Failure to accurately complete said task is a violation of the Cooperative Education Program and DESE approved regulations.
- Student must maintain good attendance and discipline record *(in accordance with the school policy)*
- Students are required to attend mandatory seminar classes that are held once a cycle in order to maintain eligibility.
- Student is required to work a minimum of 30 hours in a seven (7) day cycle and a maximum of forty-eight (48) hours in a seven (7) day cycle
- Student must notify the Assistant Principal's Office and employer immediately in the event that he/she will miss a co-op work day or will arrive late for work
- Student must work at a site that provides the opportunity to develop technical and employability skills not acquired in a school-based setting but acquirable in a work-based setting
- Student must be recommended by shop and related instructor
- ***Students who do not pass MCAS must be willing to attend MCAS support classes during the academic cycle or summer MCAS support classes if/when available***

DIMAN RVTHS GUIDELINES

The Vocational Technical Education Regulations 603 CMR 4.03 (7) contains the standards for cooperative education. The Cooperative Education Coordinator has the main responsibility for ensuring that standards are met. The individual teacher, department head and Director of Cooperative Education are responsible for ensuring that:

- Student is capable of doing work required by the employer
- Review work required with the employer before student is placed
- Complete a Safety Site Checklist on each worksite
- Student is passing all Chapter 74 Shop and Related requirements.
- Student must meet or exceed the grading policy outlined in the student handbook.
- Student must return enter their respective time via electronic application (TSheets).
- Evaluate student performance with periodic visits to the work site as per DOE regulations.
- Student is working a minimum of 30 hours in a one week cycle
- Student's Vocational Technical Competency Tracking System (VTCTS) list is reviewed with the employer
- Student is working at a site that provides the opportunity to develop technical and employability skills not acquirable in a school-based setting but acquirable in a work-based setting
- Student continues to meet all requirements to remain on co-op, which includes attendance at co-op seminar classes to be held once a cycle during academics
- If for any reason the student is terminated from their position, the school has the right to determine the appropriateness of that student obtaining another co-op position

Discrimination Statement: *The Greater Fall River Vocational School District/Diman Regional Vocational-Technical High School prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, gender identity and expression, genetic information and any other class of individuals protected from discrimination under state or federal law in any aspect of the access to, admission, or treatment of students in its programs and activities, or in employment and application for employment. Furthermore, District/School policy includes prohibitions of harassment of students and employees, i.e., racial harassment, sexual harassment, and retaliation for filing complaints of discrimination.*

STUDENT & PARENT/GUARDIAN SIGNATURES

1. The statements and information furnished by us in this application are true and complete.
2. We give permission for the student named in this application to participate in the Cooperative Education Program.
3. We give permission for representatives of the school to release academic and technical records, including VTCTS *(Vocational Technical Competency Tracking System)*, grades - both past and present as well as any other pertinent information that may be required by potential cooperating employers for the purpose of evaluation.
4. We understand that if at any time, in the opinion of the Cooperative Education Coordinator, the student is not meeting the requirements of this program with regards to grades, attendance, attitude and/or performance his/her placement will be terminated.
5. Permission is given for my child to be screened for drugs and to complete a Criminal Record Inquiry (CORI) form if required as a condition of employment.

Our signatures certify that we have read and agree with the above statements.

_____	_____	_____	_____
Student Signature	*Date*	*Parent Signature*	*Date*

DEPARTMENT HEAD

Has the student completed one and one half years of instruction in this vocational technical program? ❒ Yes ❒ No

Has this student satisfactorily completed all appropriate safety instructions in this vocational technical program? ❒ Yes ❒ No

Has this student attained a sufficient level of achievement in the school-based vocational technical program in preparation for transition into a work-based learning environment at this time? ❒ Yes ❒ No

Do you recommend this student for Cooperative Education Placement? ❒ Yes ❒ No

Has the student named in this application completed all appropriate safety instruction in this vocational/technical program, including the CareerSafe 10-hour Online Safety OSHA Course? ❒ Yes ❒ No

_____ _____

Department Head Signature *Date*

	SIGN OUT	NOTES
SHOP/RELATED		
NURSE'S OFFICE		
GUIDANCE COUNSELOR		
ASSISTANT PRINCIPAL OF STUDENT AFFAIRS		
ASSISTANT PRINCIPAL OF ACADEMIC AFFAIRS		
ASSISTANT PRINCIPAL OF TECHNICAL AFFAIRS		
ASSISTANT SUPERINTENDENT-DIRECTOR/PRINCIPAL		