Powell County High School

Career and Technical Education

WORK-BASED LEARNING MANUAL

Occupation Shadowing, Non-Paid Internships, Co-Op, and School to Work

Empowered: It's not just content, it's skills

Powell County High School
700 West College Avenue
Stanton, KY 40380
(606) 663-3320

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Public Notice
Powell County Board of Education
Notice of Non-Discrimination

The Powell County School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access. Inquiries may be directed to the Powell County Schools Title IX Coordinator, Title II Coordinator or the Section 504/ADA Coordinator at Powell County Board of Education.

Powell County Board of Education
691 Breckinridge Street, P.O. Box 430
Stanton, KY 40380
(606) 663-3300

David Lyons, Title IX Coordinator	***david.lyons@powell.kyschools.us***
Tonya Roach, Title II Coordinator	***tonya.roach@powell.kyschools.us***
Crystal Kirk, 504/ADA Coordinator	***crystal.kirk@powell.kyschools.us***
Sarah Wasson, Superintendent	***sarah.wasson@powell.kyschools.us***

Powell County High School offers the following career and technical education programs for all students regardless of race, color, national origin, including those with limited English proficiency, sex, or disability in grades 9-12: Agriculture, Business, Health Science, Teaching and Learning, Family and Consumer Science, Construction, and Computer Science. Persons seeking further information concerning the vocational education offerings and specific prerequisite criteria should contact:

Cole Wills, CTE Coordinator
Powell County High School
700 West College Avenue
Stanton, KY 40380
(606) 663-3320
cole.wills@powell.kyschools.us

Empowered: It's not just content, it's skills

WORK-BASED LEARNING

The Kentucky Department of Education Office of Career and Technical Education defines work-based learning as an effective teaching approach used to engage students in real-life occupational experiences. It incorporates structured work-based learning activities into the curriculum, allowing a student to apply knowledge and skills learned in class and connect the learning experienced in the workplace. Work-based learning provides students with the opportunity to engage and interact with employers, while learning to demonstrate essential employability and technical skills necessary for today's workforce.

WORK-BASED LEARNING and POWELL COUNTY SCHOOLS LEARNER PROFILE

The Powell County High School Career and Technical Education Department, in collaboration with the Powell County School District, strives to ensure all students graduate as collaborators, communicators, contributors, and critical thinkers. Through work-based learning opportunities, students will improve mastery of all four competencies.



Powell County High School
Career and Technical Education Department

Cole Wills, CTE Coordinator

Agricultural Power, Structure,Technical System
Cole Wills and Langdon Winburn

Allied Health
Jessica Neal

Animal Science Systems
Cole Wills and Langdon Winburn

Digital Design and Game Development
Patricia Burton

Early Childhood Development
Hannah Jones-Creech

Hospitality, Travel Tourism, and Recreation
Allison Hayden

Law Enforcement Services
Chase Friel

Management and Entrepreneurship
Allison Hayden

Plant Science Systems
Langdon Winburn

Residential Maintenance Carpenter Assistant
Stephen Willis

Teaching and Learning
Mary Beth Mink

Powell County High School
Work-Based Learning Opportunities

Occupational Shadowing *(Pages 7-15)*

Occupational shadowing is learning through observation and provides an opportunity for a student to spend a limited amount of time with an individual in a chosen occupation in order to become familiar with the duties associated with that occupation, the physical setting of the occupation, and the compatibility of the occupation with his or her own career goals.

Internship *(Pages 16-24)*

A student internship is for high school students who have completed extensive school-based preparation relating to an identified area of career and academic interest in the Individual Learning Plan. Internships can be short term or long term. Student participation on a short-term basis may vary from one day to a month contingent upon a student's objective and if an employer-employee relationship has not been established. Long-term internships may be established for one semester or one year with an established employer-employee relationship.

Co-Op *(Pages 24-49)*

Cooperative education (Co-Op) is a paid educational program consisting of in-school instruction combined with program related on-the-job work experience in a business or industrial establishment. These are planned experiences supervised by the school and the employer to ensure that each phase contributes to the student's Individual Learning Plan (ILP) and Career Pathway.

School to Work *(Pages 50-*74)

School to Work is a paid educational program consisting of in-school instruction combined with program related on-the-job work experience in a business or industrial establishment. These are planned experiences supervised by the school and the employer to ensure that each phase contributes to the student's Individual Learning Plan (ILP) and Career Pathway.

Powell County High School

Career and Technical Education

Occupational Shadowing

Empowered: It's not just content, it's skills

Powell County High School
700 West College Avenue
Stanton, KY 40380
(606) 663-3320

What is occupational shadowing?

Occupational shadowing is learning through observation and provides an opportunity for a student to spend a limited amount of time with an individual in a chosen occupation in order to become familiar with the duties associated with that occupation, the physical setting of the occupation, and the compatibility of the occupation with his or her own career goals.

What are the benefits of occupational shadowing?

Occupational shadowing is an opportunity for employers and schools to work together to aid the educational process. Students are given the opportunity to observe workers on the job in different occupations and to become familiar with expectations of the worker in a real world situation. Students are also given the opportunity to discuss items of interest and concern with the individual actually in the occupation they are shadowing. Occupational shadowing provides a relevant learning experience outside the classroom. Employers are able to contribute to the education of youth, promote company culture, and showcase occupations that are not as well known or those where there will be a shortage of qualified candidates in the near future.

How can I shadow an occupation I am interested in?

Prior to occupational shadowing, students interested in occupational shadowing will collaborate with his/her pathway teacher to complete the following:

- Occupational Shadowing Student Application
- Parent/Guardian Consent Form
- Parent Medical Consent
- Company/Employer Occupational Shadowing Consent Form
- Confidentiality Statement Form

Upon completion of occupational shadowing, the following documents will be completed by the employer and student

- Student Occupational Shadowing Evaluation
- Company/Employer Occupational Shadowing Evaluation

******All documents will be maintained by the pathway teacher. It is the responsibility of the pathway teacher to collaborate with the CTE Guidance Counselor and Attendance Clerk for the completion of Occupational Shadowing.***

OCCUPATIONAL SHADOWING STUDENT APPLICATION

PCHS Office of Career and Technical Education

NAME: _____GRADE/CLASS: _____

PATHWAY TEACHER/ADVISOR: _____

Student to Complete

I, _____, will participate in a job shadowing experience, which
(Student Name)

will take place at _____ on _____
(Name of Employer) *(Date)*

from _____ to _____.
(Beginning time) *(End time)*

I understand that people outside of school are giving up valuable time to help me learn about their jobs. By signing below, I agree to:

- make up any school work that I miss while participating in a shadowing or mentoring session.
- act in an appropriate manner while participating in a shadowing or mentoring session.
- become knowledgeable about my career interest prior to participating in a shadowing or mentoring session.

Student Signature: _____ Date: _____

Teacher to Complete

I authorize _____ to participate in occupational
(Student Name)

shadowing on the date and time indicated above.

Teacher Signature: _____ Date: _____

******A copy of this form must be provided to the school counselor and attendance clerk***

OCCUPATIONAL SHADOWING PARENT/GUARDIAN CONSENT FORM

PCHS Office of Career and Technical Education

Your child will be participating in an occupational shadowing experience. Occupational shadowing is a work-site experience (typically three to six hours) during which a student spends supervised time at a workplace observing a worker, asking questions, and completing written assignments to learn about different jobs.

Permission to Participate in Occupational Shadowing

_____, may participate in a job shadowing experience, which
(Student Name)

will take place at _____ on _____
(Name of Employer) *(Date)*

from _____ to _____.
(Beginning time) *(End time)*

Permission to Travel to Occupational Shadowing Site

I grant permission for my son/daughter to travel using his/her own car.

____Yes ____ No

I will provide transportation for my son/daughter to and from the occupational shadowing site.

____Yes ____ No

Photo Release

I grant permission to photograph my child while participating in the occupational shadow for program promotion and educational purposes.

____Yes ____ No

Signature of Parent/Guardian: _____Date: _____

OCCUPATIONAL SHADOWING MEDICAL AUTHORIZATION

PCHS Office of Career and Technical Education

Student Information

Student's name: _____

Date of birth: _____

Address: _____

Daytime phone for parent or guardian: (_____) _____

Contact name other than parent or guardian:_____

Relation to student: _____ Phone: (_____) _____

Family doctor: _____ Phone: (_____) _____

Preferred hospital: _____ Phone: (_____) _____

Medical Consent

Should it be necessary for my child to have medical treatment while participating in the occupational shadowing, I hereby give the school district and/or work-site personnel permission to use their best judgment in obtaining medical service for my child. In addition, I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

____Yes ____ No

Permission is granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

____Yes ____ No

Signature of Parent/Guardian: _____ Date: _____

COMPANY/EMPLOYER OCCUPATIONAL SHADOWING CONSENT FORM

PCHS Office of Career and Technical Education

Company/Employer Information

Company/Employer Name: _____

Company/Employer Address: _____

Contact Name: _____Phone: _____

Occupation Information

Occupation for shadowing: _____

Occupation duties for shadowing: _____

_____

_____

List any restrictions which might limit some students' participation in shadowing:

_____

_____

_____

Company/Employer Consent

I, _____, agree to participate in an Occupational Shadowing
(Name of Company/Employer Contact)

Experience for _____, which will take place at
(Name of Student)

_____ on _____
(Name of Employer) *(Date)*

from _____ to _____.
(Beginning time) *(End time)*

Signature: _____ Date: _____

CONFIDENTIALITY STATEMENT

PCHS Office of Career and Technical Education

I agree that I shall strictly maintain the confidentiality of all information and data disclosed throughout the internship process. Additionally, I accept the responsibility of security given to me when entrusted with materials, property, and information.

Student Intern Name: _____

Student Intern Signature :_____ Date: _____

Mentor Name: _____

Mentor Signature: _____ Date: _____

Teacher Name: _____

Teacher Signature: _____ Date: _____

COMPANY/EMPLOYER OCCUPATIONAL SHADOWING EVALUATION FORM

PCHS Office of Career and Technical Education

Company/Employer Information

Company/Employer Name: _____

Company/Employer Address: _____

Contact Name: _____Phone: _____

Student Information

Student Name: _____

Date of Shadowing Experience: _____

Time of Shadowing Experience: _____

Do you believe that the shadowing experience was beneficial to the student?

_____ Yes _____ No

Do you believe the school should continue this effort to extend learning beyond the classroom?

_____ Yes _____ No

Did the student come to your place of business fully prepared for the shadowing experience?

_____ Yes _____ No

Do you have any suggestions or comments to make the experience more valuable to the students?

_____

_____

_____

Signature: _____ Date: _____

STUDENT OCCUPATIONAL SHADOWING EVALUATION

PCHS Office of Career and Technical Education

NAME: _____GRADE/CLASS: _____

PATHWAY TEACHER/ADVISOR: _____

EMPLOYER/COMPANY SHADOWED: _____

OCCUPATION SHADOWED: _____

Experience Evaluation

- Describe what you observed while on your occupational shadowing visit.

  _____

  _____

  _____

- What did you learn that most surprised you while on your occupational shadowing visit?

  _____

  _____

  _____

- Are you still interested in your career choice after this experience? ___ Yes ___ No Explain:

  _____

  _____

  _____

- How could your occupational shadowing experience have been improved?

  _____

  _____

  _____

Signature: _____ Date: _____

Powell County High School

Career and Technical Education

Non-Paid Internship

Empowered: It's not just content, it's skills

Powell County High School
700 West College Avenue
Stanton, KY 40380
(606) 663-3320

What is an internship?

A student internship is for high school students who have completed extensive school-based preparation relating to an identified area of career and academic interest in the Individual Learning Plan. Internships can be short term or long term. Student participation on a short-term basis may vary from one day to a month contingent upon a student's objective and if an employer-employee relationship has not been established. Long-term internships may be established for one semester or one year with an established employer-employee relationship.

What are the benefits of an internship?

Internships give students opportunities to explore careers via workplace learning experiences. Students have opportunities to learn about the world of work and to develop useful skills and attitudes. Through the demonstration of work-place skills, the academic competencies needed to be successfully employed will also be highlighted, which may in turn result in increased motivation to learn academic subject matter. An internship is longer than job shadowing but different from cooperative education work experience in several ways. Cooperative education places a student for a longer, often a yearlong, work experience to gain or expand skills at that job. Cooperative education students are paid for their work; our non-paid internship students are not paid for their work.

How can I participate in an internship?

Prior to participating in an internship, students will collaborate with his/her pathway teacher to complete the following:

- Internship Student Application
- Parent/Guardian Consent Form
- Parent Medical Consent Form
- Mentor Internship Consent Form
- Confidentiality Statement Form

Upon completion of the internship, the following documents will be completed by the mentor and student

- Student Internship Evaluation
- Mentor Internship Evaluation

******All documents will be maintained by the pathway teacher. It is the responsibility of the pathway teacher to collaborate with the CTE Coordinator, CTE Guidance Counselor and Attendance Clerk for individual student enrollment in an internship program.***

INTERNSHIP STUDENT APPLICATION

PCHS Office of Career and Technical Education

NAME: _____GRADE/CLASS: _____

PATHWAY TEACHER/ADVISOR: _____

Student to Complete

I, _____, will participate in an internship program, which will
(Student Name)

take place at _____ on _____
(Name of Employer) *(Dates of Internship)*

from _____ to _____ each day of internship.
(Beginning time) *(End time)*

I understand that people outside of school are giving up valuable time to help me learn about their jobs. By signing below, I agree to:

- complete all required coursework while participating in an internship program.
- act in an appropriate manner while participating in an internship program.
- become knowledgeable about my career interest prior to participating in an internship program

Student Signature: _____ Date: _____

Teacher to Complete

I authorize _____ to participate in an internship program
(Student Name)

on the dates and times indicated above.

Teacher Signature: _____ Date: _____

******A copy of this form must be provided to the CTE Coordinator, School Counselor and Attendance Clerk***

INTERNSHIP PARENT/GUARDIAN CONSENT FORM

PCHS Office of Career and Technical Education

Your child will be participating in an internship experience. An internship is a work-based experience, typically during the school day, in which a student spends supervised time at a workplace observing a worker and completing work-based tasks while satisfying course requirements for course credit.

Permission to Participate in an Internship

_____, may participate in an internship experience, which will
(Student Name)

take place at _____ on _____
(Name of Employer) *(Dates of Internship)*

from _____ to _____ each day of internship.
(Beginning time) *(End time)*

Permission to Travel to Internship Site

I grant permission for my son/daughter to travel using his/her own car.

____Yes ____ No

I grant permission for my son/daughter to travel with another student driver.

____Yes ____ No If yes, name of student _____

I will provide transportation for my son/daughter to and from the internship site.

____Yes ____ No

Photo Release

I grant permission to photograph my child while participating in the internship for program promotion and educational purposes.

____Yes ____ No

Signature of Parent/Guardian: _____Date: _____

INTERNSHIP MEDICAL AUTHORIZATION

PCHS Office of Career and Technical Education

Student Information

Student's name: _____

Date of birth: _____

Address: _____

Daytime phone for parent or guardian: (_____) _____

Contact name other than parent or guardian:_____

Relation to student: _____ Phone: (_____) _____

Family doctor: _____ Phone: (_____) _____

Preferred hospital: _____ Phone: (_____) _____

Medical Consent

Should it be necessary for my child to have medical treatment while participating in the internship program, I hereby give the school district and/or work-site personnel permission to use their best judgment in obtaining medical service for my child. In addition, I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

____Yes ____ No

Permission is granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

____Yes ____ No

Signature of Parent/Guardian: _____ Date: _____

MENTOR INTERNSHIP CONSENT FORM

PCHS Office of Career and Technical Education

Mentor Information

Mentor Name: _____Phone: _____

Company/Employer Name: _____

Company/Employer Address: _____

Occupation Information

Occupation for internship: _____

Occupation duties for internship: _____

_____

_____

List any restrictions which might limit some students' participation in the internship:

_____

_____

_____

Company/Employer Consent

I, _____, agree to participate in an Internship Experience
(Name of Mentor)

for _____, which will take place at
(Name of Student)

_____ on _____
(Name of Employer Site) *(Dates of Internship)*

from _____ to _____.
(Beginning time) *(End time)*

Signature: _____ Date: _____

CONFIDENTIALITY STATEMENT FORM

PCHS Office of Career and Technical Education

I agree that I shall strictly maintain the confidentiality of all information and data disclosed throughout the internship process. Additionally, I accept the responsibility of security given to me when entrusted with materials, property, and information.

Student Intern Name: _____

Student Intern Signature :_____ Date: _____

Mentor Name: _____

Mentor Signature: _____ Date: _____

Teacher Name: _____

Teacher Signature: _____ Date: _____

STUDENT INTERNSHIP EVALUATION

PCHS Office of Career and Technical Education

Student Name: _____ Date: _____

Internship Site: _____

Site Mentor: _____ Title: _____

Reflections

- Describe the worksite where you worked.

- To what career cluster did your internship relate?

- What kinds of activities did you observe during your internship?

- What did you like most about your internship?

- What did you like least about the internship experience?

- Did your internship experience change your perception of this career? Why or why not?

- Did you learn anything new about this career? If so, what?

- Would you consider a career in the field you observed? Why or why not?

- How can the internship programs be improved?

- How would you rate your internship experience?

  Excellent_____ Good_____ Average _____ Fair _____

MENTOR INTERNSHIP EVALUATION

PCHS Office of Career and Technical Education

Student Name: _____

Internship Site: _____

Site Mentor: _____ **Title:** _____

Beginning Date of Internship: _____ **Ending Date of Internship:** _____

Evaluation

Scale: 1 – Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Attendance/Punctuality	1	2	3	4	5
Appropriate Dress	1	2	3	4	5
Attitude	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Following Directions	1	2	3	4	5

Cooperation	1	2	3	4	5
Adaptability/Flexibility	1	2	3	4	5
Relations with Co-Workers	1	2	3	4	5
Time Management	1	2	3	4	5
Quality of Work	1	2	3	4	5
Quantity of Work	1	2	3	4	5

COMMENTS:

_____

_____

_____

_____

_____

Mentor Signature: _____ **Date:** _____

Powell County High School

Career and Technical Education

Co-Op Program

Empowered: It's not just content, it's skills

Powell County High School
700 West College Avenue
Stanton, KY 40380
(606) 663-3320

What is a Co-Op program?

Cooperative education (Co-Op) is a paid educational program consisting of in-school instruction combined with program related on-the-job work experience in a business or industrial establishment. These are planned experiences supervised by the school and the employer to ensure that each phase contributes to the student's Individual Learning Plan (ILP) and Career Pathway.

What are the benefits of a Co-Op program?

Cooperative education (Co-Op) provides opportunities for students to learn under real-life work conditions and to develop occupational competencies (attitudes, technical skills, and knowledge) needed to be successful in their chosen career. The school selects, as a training agency, a firm that will provide and coordinate occupational career pathway-related experiences that will further the student's education and employability skills. The program provides students with an opportunity to graduate as individuals who practice 21st century skills and are considered to be college- and career-ready

How can I participate in a Co-Op Program?

Prior to participating in a Co-Op program, students will collaborate with his/her pathway teacher to complete the ***Powell County High School Co-Op Program Application Packet.*** The student will submit the application and the requested documents to the School Co-Op Coordinator. If approved, the Co-Op Coordinator will provide the student and parents/guardians with a ***Co-Op Approval Letter*** and the following forms to complete prior to beginning the Co-Op Program:

- Parent/Guardian Participation and Travel Consent Form
- Parent Medical Consent Form
- Co-Op Obligations and Expectations Form
- Absenteeism, Transfers and Terminations Form
- Confidentiality Statement Form
- Co-Op Work-Based Learning Plan and Agreement
- Addendum for Student Learner in Hazardous Occupations and Cooperative Education Training Plan *(If Applicable)*

Once enrolled in the Co-Op Program, the student and employer will complete the following documents prior to the end of ***EACH*** six-week grading period. It is the responsibility of the student to submit the student and employer forms to the School Co-Op Coordinator:

- Employer Student Evaluation Form (employer complete)
- Student Evaluation Form (student complete)
- Student Six-Week Grading Period Time Sheet (student complete)

During the student's placement in the Co-Op Program, the School Co-Op Coordinator will maintain the student file which will contain the Student Application and all completed forms and agreements. In addition, the school coordinator will:

- Add the Employer Student Evaluation Form, Student Evaluation Form, and Student Six-Week Grading Period Time Sheet to the file each six week grading period
- Maintain the ***Co-Op Monitoring/Observation Log*** in the student's file

******It is the responsibility of the Co-Op Coordinator to collaborate with the CTE Guidance Counselor and Attendance Clerk for individual student enrollment in a Co-Op Program.***

Powell County High School
Co-Op Program Application Packet

Student's Name:	**School Year:**
Co-Op Pathway:	**Date Submitted:**

Prior to participating in a Co-Op program, students will collaborate with his/her pathway teacher to complete the ***Powell County High School Co-Op Program Application Packet.*** The student will submit the application and the requested documents to the School Co-Op Coordinator. If approved, the Co-Op Coordinator will provide the student and parents/guardians with a ***Co-Op Approval Letter*** and the forms to complete prior to beginning the Co-Op Program.

Application Packet Checklist:

_____ Completed Co-Op Program Application
_____ Pathway Teacher Recommendation Form
_____ Guidance Counselor Recommendation Form
_____ Work Permit/Working Papers (if under age of 18)

Once Approved for the Co-Op Program:

_____ Parent/Guardian Participation and Travel Consent Form
_____ Parent Medical Consent Form
_____ Co-Op Obligations and Expectations Form
_____ Absenteeism, Transfers and Terminations Form
_____ Confidentiality Statement Form
_____ Co-Op Work-Based Learning Plan and Agreement
_____ Addendum for Student Learner in Hazardous Occupations and Cooperative Education Training Plan *(If Applicable)*
_____ Worker's Compensation (Obtain from Employer)
_____ Driver's License
_____ Vehicle Insurance
_____ Health Insurance

Forms Completed Each Six Week Grading Period:

_____ Employer Student Evaluation Form
_____ Student Evaluation Form
_____ Student Six-Week Grading Period Time Sheet
_____ Co-Op Monitoring/Observation Log

******This form should be submitted with the application and will be maintained in the student's Co-Op Folder by the Co-Op Coordinator***

CO-OP PROGRAM APPLICATION PACKET: STUDENT APPLICATION

PCHS Office of Career and Technical Education

Student Information:

Name: _____ Pathway: _____

Date of Birth: _____ Age: _____

Social Security Number: _____ Phone Number: _____

Address: _____

Parent/Guardian Information:

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Current Employment:

Place of Employment: _____ Type of Business: _____

Job Title: _____ Supervisor Name: _____

Address: _____ Phone: _____

Previous Employment:

Place of Employment: _____ Type of Business: _____

Job Title: _____ Supervisor Name: _____

Address: _____ Phone: _____

Employment Questions:

If you are currently *unemployed*, in what type of business would you prefer to work?

_____

If you are currently *employed*, are you interested in changing jobs? _____

Do you have a work permit? _____ Permit Number: _____ Permit Date: _____

Transportation:

Do you have a driver's license? _____ Do you have access to a car for daily work? _____

CLASS SCHEDULE

Period	Course	Teacher	Room Number

What school activities, if any, have you participated in?

_____

_____

_____

What school activities, if any, do you plan to participate in during this current school year?

_____

_____

_____

As an applicant to the Powell County High School Co-Op Program, I will take advantage of every opportunity that will improve my skills and efficiency in both the classroom and world of work. In addition, I understand this application only serves as a data collection tool and does NOT guarantee acceptance into the Co-Op Program or is a promise of employment.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CO-OP PROGRAM APPLICATION PACKET: TEACHER RECOMMENDATION

PCHS Office of Career and Technical Education

Student's Name:	**Date:**
Co-Op Pathway:	**Co-Op Teacher:**

Evaluation

Scale: 1 – Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Attendance/Punctuality	1	2	3	4	5
Appropriate Behavior	1	2	3	4	5
Attitude	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Following Directions	1	2	3	4	5

Cooperation	1	2	3	4	5
Adaptability/Flexibility	1	2	3	4	5
Relations with Other Students/Teachers	1	2	3	4	5
Time Management	1	2	3	4	5
Quality of Work	1	2	3	4	5
Quantity of Work	1	2	3	4	5

As the pathway teacher, I certify the student has completed or is enrolled in the following courses, satisfying the prerequisites to enroll in the Co-Op Program.

Course Name	**Course Status** *(Completed or Enrolled)*

Teacher Signature: _____ **Date:** _____

CO-OP PROGRAM APPLICATION PACKET: GUIDANCE COUNSELOR RECOMMENDATION

PCHS Office of Career and Technical Education

Student's Name:	**Date:**
Counselor Name:	**Expected Graduation Date:**

Attendance

Absence Totals

_____ 9th Grade
_____ 10th Grade
_____ 11th Grade
_____ 12th Grade, to date

Tardy Totals

_____ 9th Grade
_____ 10th Grade
_____ 11th Grade
_____ 12th Grade, to date

Academics

Number of Credits Earned to Date: _____ Current GPA: _____

Number of Credits Needed to Graduate: _____ Is the Student on Track to Graduate? _____

Is the student's schedule adaptable to include him/her in the Co-Op Program? _____

Recommendation

_____ The student ***DOES*** have sufficient credits, GPA, and a satisfactory attendance record to enroll in the Co-Op Program

_____ The student ***DOES NOT*** have sufficient credits, GPA, and a satisfactory attendance record to enroll in the Co-Op Program

Counselor Signature: _____ Date: _____

CO-OP APPROVAL LETTER

PCHS Office of Career and Technical Education

Dear Parent/Guardian

Your student has been accepted to the PCHS Co-Op Program as a course offered at Powell County High School. As a result, ***your student will not meet daily in a classroom for the Co-Op Course*** but will be given assignments periodically to be completed while participating in a workplace environment. The Co-Op Program is designed for seniors at Powell County High School to leave school at 1:30 p.m. daily to report to his/her place of employment. Students ***MUST*** have employment before they will be permitted to continue this program.

- **Employers are defined as the following:**
    - Commercial Businesses, Professional Organizations, Licensed Professionals
    - Licensed Contractors* and Working Farming Operations*

  **If a student is employed by a contractor or working farming operation, they MUST be enrolled in a Co-Op through PCHS. They may not leave during the work block to attend these jobs unless enrolled in the Co-Op*
- **Employers are NOT:**
    - Babysitting
    - Working with relatives who are not in the above categories
    - Mowing the Yard
    - Cleaning the House
    - Anything that cannot be placed in the four categories of Employers listed above

With minimal classroom interaction for the Co-Op Course, the following criteria is required of all students in the Co-Op Program:

- Complete all required forms each six week grading period
- Complete a career assignment each six weeks (assignments remain open for the full six weeks and then are closed, no exceptions).
- Students attend one monthly class meeting and attendance is required

It is our practice to communicate with parents/guardians when a student is not complying with course requirements and/or is in danger of not passing the course. However, if a student does not comply with the assignments, they can and will fail the course and not receive the credit needed to graduate. If the loss of a job occurs, students must notify the Co-Op Coordinator immediately. If a student cannot find employment by the end of the current six week period, the student will be removed from the Co-Op program. Students who receive a failing grade at midterm of the first six weeks of school must increase their grade to passing by the end of the six weeks. Failure to do so will result in the student being removed from the program and placed in a class for remediation and will not be permitted to re-enter the program in the Spring Semester. Thank you in advance for your cooperation to ensure the success of your student.

Sincerely,

Jennifer Kincaid, Interim Principal **Cole Wills, Co-Op Coordinator**

CO-OP PARENT/GUARDIAN PARTICIPATION AND TRAVEL CONSENT FORM

PCHS Office of Career and Technical Education

Your child will be participating in a Co-Op program. Cooperative education (Co-Op) is a paid educational program consisting of in-school instruction combined with program related on-the-job work experience in a business or industrial establishment.

Permission to Participate in a Co-Op

_____ may travel to _____
(Student Name) *(Co-Op Site/Business)*

for his/her Co-Op employment. In granting permission, I accept all moral, legal, and medical responsibilities associated with his/her Co-Op placement. Furthermore, I relieve the Powell County School District, Co-Op Coordinator, and the above listed Co-Op site from any responsibility not associated with proper adult supervision.

Permission to Travel to Co-Op Site

I grant permission for my son/daughter to travel using his/her own car.

____Yes ____ No

I grant permission for my son/daughter to travel with another student driver.

____Yes ____ No If yes, name of student _____

I will provide transportation for my son/daughter to and from the Co-Op site.

____Yes ____ No

Photo Release

I grant permission to photograph my child while participating in the Co-Op program for program promotion and educational purposes.
____Yes ____ No

Signature of Parent/Guardian: _____Date: _____

Co-Op MEDICAL AUTHORIZATION

PCHS Office of Career and Technical Education

Student Information

Student's name: _____

Date of birth: _____

Address: _____

Daytime phone for parent or guardian: (_____) _____

Contact name other than parent or guardian:_____

Relation to student: _____ Phone: (_____) _____

Family doctor: _____ Phone: (_____) _____

Preferred hospital: _____ Phone: (_____) _____

Medical Consent

Should it be necessary for my child to have medical treatment while participating in the Co-Op program, I hereby give the school district and/or work-site personnel permission to use their best judgment in obtaining medical service for my child. In addition, I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

____Yes ____ No

Permission is granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

____Yes ____ No

Signature of Parent/Guardian: _____ Date: _____

CO-OP OBLIGATIONS AND EXPECTATIONS FORM

PCHS Office of Career and Technical Education

- Student will obtain necessary signatures and complete all necessary forms before reporting to work, during the Co-Op experience, and following the Co-Op experience.
- Student will notify the employer if unable to report to work due to illness and/or emergency.
- If injured at work, the student/parent will notify both the work supervisor and the school Co-Op Coordinator immediately.
- If the job is terminated due to layoff or firing, the student will notify the school coordinator immediately.
- A student who loses his/her job during the school year because of inefficiency, lack of interest, not abiding by the rules and regulations, etc., will receive a 50% for the grading period and may possibly fail the course.
- Student must observe all safety regulations at the training location at all times.
- No student may terminate his/her work without the knowledge and consent of the Co-Op Coordinator.
- If school is delayed for any reason, the student will contact the work supervisor at the work site, unless other arrangements have been made with the employer.
- Students are expected to follow the work site calendar. Traditional holidays are not automatic for students. The work site supervisor, student, and Co-Op Coordinator make final determination of the student's schedule.
- Students must keep good attendance at both the work site and at school. If student absence is a problem, the students may be removed from the program.
- All students on early work release are required to be enrolled in and successfully complete the Co-Op course.
- All students will be required to maintain a portfolio. The Co-Op coordinator will assist with its contents.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

CO-OP ABSENTEEISM, TRANSFERS, AND TERMINATIONS FORM

PCHS Office of Career and Technical Education

Absenteeism

- Excessive absences from work and/or school may result in the removal from the Co-Op program, thus forfeiting any credit
- If a student is too ill to attend school, the student is too ill to go to work
- If a student is absent from the related instructional class, it is his/her responsibility to arrange make-up work
- If an absence is unexcused, work can not be made up and the student's grade will be adversely affected

Transfers

- No student is permitted to change jobs without first notifying the Co-Op Coordinator
- Appropriate reasons for transfers may include:
    - Layoff from work site for an extended duration of one month or more
    - Physical ailments, illnesses, or disability
    - Severe personality conflict with supervisor or fellow employee
    - Better employment offer
- For a transfer to be completed, the student must:
    - Notify the Co-Op Coordinator in advance
    - Give the employer a one to two weeks' notice
    - Complete new Work-Based Learning Plan and Agreement
- A new Co-Op site should be secured and approved before leaving one's present site
- Failure to notify the Co-Op Coordinator of termination from a site will result in the student's return to a full-day schedule

Termination

- Any student enrolled in a Co-Op program may be released from the program under any of the following conditions:
    - Failure to stay in good academic standing
    - Failure to notify the employer before absence from the job
    - Failure to notify the Co-Op Coordinator of any changes, including layoffs, termination or etc.
    - Employer does not have adequate work to keep the student employed
    - An evaluation is made and it is determined the student is not receiving organized and progressive work experience related to the Co-Op course
    - Excessive absenteeism from school or work
    - It is determined by administration the student is not representative of the school's best interest or the student is not following rules and regulations of the program

The Co-Op Coordinator and Guidance Counselor, in conjunction with the Principal, has the authority to administer and amend the above causes of termination as individual cases warrant

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

CONFIDENTIALITY STATEMENT FORM

PCHS Office of Career and Technical Education

I agree that I shall strictly maintain the confidentiality of all information and data disclosed throughout the Co-Op program. Additionally, I accept the responsibility of security given to me when entrusted with materials, property, and information.

Student Name: _____

Student Signature :_____ Date: _____

Employer Name: _____

Employer Signature: _____ Date: _____

Co-Op Coordinator Name: _____

Co-Op Coordinator Signature: _____ Date: _____

Co-Op Work-Based Learning Plan and Agreement

PCHS Office of Career and Technical Education

Student Information

Student's Name: _____

Date of Birth: _____ Grade: _____

Address: _____

Cell Phone Number: _____ Email: _____

School Information

CTE Program Area: _____ CTE Pathway: _____

CTE Pathway Teacher: _____ Teacher Phone: _____

CTE Co-Op Coordinator: _____ Coordinator Phone: _____

Company/Business Information

Company/Business Name: _____

Company/Business Phone Number: _____

Company/Business Address: _____

Mentor/Supervisor Name and Title: _____

Student Work Schedule

Start and End Dates: _____

Days and Hours: _____

Total Hours Per Week: _____ Hourly Wage: _____

Based on the Work-Based Learning Type, complete the following:

Student Name: _____ School Year: _____

General Workplace Competencies

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

Technical Skills / Competencies (Hazardous Occupations*)

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

*The addendum for "hazardous occupations" shall be completed if the co-op placement is associated with an exemption for hazardous occupations.

Occupational Safety Competencies

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

The student agrees to:

- ensure I have adequate transportation to and from work
- maintain satisfactory ratings in all my school courses
- be released from school, and I must work at least ten hours during the week
- be paid or receive credit towards my court-ordered restitution for my part-time work experience
- 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
- understand I may be released from the program for violating any of these terms at any time

The teacher/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).

Signatures		**Date**
Student:		
Parent/Guardian:		
Teacher:		
Co-Op Coordinator:		
CTE Counselor:		
Principal:		
Employer:		

Copies of the completed Co-Op Work-Based Learning Plan and Agreement have been sent to:

- ☐ **Student**
- ☐ **Parent/Guardian**
- ☐ **Teacher**
- ☐ **Co-Op Coordinator**
- ☐ **CTE Counselor**
- ☐ **Principal**
- ☐ **Employer**

Addendum for Student Learner in Hazardous Occupations and Cooperative Education Training Plan

(for minors under 18 years of age)

To be attached to the Co-Op Work-Based Learning Plan and Agreement

Non-Agricultural Hazardous Occupations Prohibited for Minors Ages 16-17

HO 1	Manufacturing and storing of explosives
HO 2	Motor-vehicle driving and outside helper on a motor vehicle
HO 3	Coal mining
HO 4	Occupations in forest fire fighting, forest fire prevention, timber tract operations, forestry service, logging and sawmilling
HO 5*	Power-driven woodworking machines
HO 6	Exposure to radioactive substances
HO 7	Power-driven hoisting apparatus, including forklifts
HO 8*	Power-driven metal-forming, punching and shearing machines
HO 9	Mining, other than coal mining
HO 10*	Operating power-driven meat processing equipment, including **meat slicers and other food slicers**, in retail establishments (such as grocery stores, restaurants kitchens and delis) and wholesale establishments, and most occupations in meat and poultry slaughtering, packing, processing or rendering
HO 11	Power-driven bakery machines including vertical dough or batter mixers
HO 12*	Power-driven balers, compactors and paper processing machines.
HO 13	Manufacturing bricks, tile and kindred products
HO 14*	Power-driven circular saws, band saws, chain saws, guillotine shears, wood chippers and abrasive cutting discs
HO 15	Wrecking, demolition and shipbreaking operations
HO 16*	Roofing operations and all work on or about a roof
HO 17*	Excavation operations

**** These HOs provide limited exemptions for 16- and 17-year-olds who are bona fide student learners and apprentices.***

***** Please reference the Child Labor Bulletin #101 for HOs that pertain to students under the age of 16.***

Agricultural Hazardous Occupations Prohibited for Minors Under the Age of 16

These prohibitions on employment in hazardous occupations in agriculture do not apply to youth employed on farms owned or operated by their parents

HO 1*	Operating a tractor of over 20 power-take-off (PTO) horsepower or connecting or disconnecting an implement or any of its parts to or from such a tractor
HO 2*	Operating or assisting to operate (including starting, stopping, adjusting, feeding or any other activity involving physical contact associated with operation) any of the following machines: a) corn picker, cotton picker, grain combine, hay mower, forage harvester, hay baler, potato digger or mobile pea viner; b) feed grinder, crop dryer, forage blower, auger conveyor or the unloading mechanism of a non-gravity type self-unloading wagon or trailer; or c) power post hole diggers, power post driver or non-walking type rotary tiller
HO 3*	Operating or assisting to operate (including starting, stopping, adjusting, feeding or any other activity involving physical contact associated with operation) any of the following machines: a) trencher or earthmoving equipment b) forklift c) potato combine d) power-driven circular, band, or chainsaw
HO 4*	Working on a farm in a yard, pen or stall occupied by: a) bull, board, or stud horse maintained for breeding purposes; or b) a sow with suckling pigs, or a cow with a newborn calf (with umbilical cord present)
HO 5*	Felling, bucking, skidding, loading or unloading timber with butt diameter of more than 6 inches.
HO 6*	Working from a ladder or scaffold (painting, repairing or building structures, pruning trees, picking fruit, etc.) at a height over 20 feet
HO 7	Driving a bus, truck or automobile when transporting passengers or riding on a tractor as a passenger or helper
HO 8	Working inside: a) a fruit, forage or grain storage designed to retain an oxygen deficient or toxic atmosphere b) an upright silo within two weeks after silage has been added or when a top unloading device is in operating position c) a manure pit d) a horizontal silo while operating a tractor for packing purposes
HO 9	Handling or applying toxic agricultural chemicals (including cleaning or decontaminating equipment, disposal or return of empty containers or serving as a flagman for aircraft applying such chemicals). Such toxic chemicals are identified by the word “poison,” or “warning,” or are identified by a “skull and crossbones” on the label.
HO 10	Handling or using a blasting agent, including but not limited to, dynamite, black powder, sensitized ammonium nitrate, blasting caps, and primer cord.
HO 11	Transporting, transferring, or applying anhydrous ammonia.

**** These HOs provide limited exemptions for minors under the age of 16 who are bona-fide student learners.***

As noted in Chapter 1 of the KDE Work-Based Learning Manual, the conditions for an exemption include the following:

1) **The student learner is enrolled in a course of study and training in a vocational education training program in agriculture under a recognized state or local educational authority or in a substantially similar program conducted by a private school,**

2) **Such student learner is employed under a written agreement which provides:**

    a) **that the work of the student learner is incidental to the training**

    b) **that such work shall be intermittent, for short periods of time, and under the direct and close supervision of a qualified and experienced person**

    c) **that safety instruction shall be given by the school and correlated by the employer with on-the-job training**

    d) **that a schedule of organized and progressive work processes to be performed on the job shall have been prepared**

3) **Each such written agreement shall contain the name of the student learner, and shall be signed by the employer and by a person authorized to represent the educational authority of school.**

4) ***Copies of each agreement shall be kept on file by both the employer and either the educational authority or the school. 29 CFR 570.72(a).***

Signatures		**Date**
Student:		
Parent/Guardian:		
Teacher:		
Co-Op Coordinator:		
CTE Counselor:		
Principal:		
Employer:		

Written Agreement for Employment in Hazardous Occupations

Job Title	
Hazardous Occupation Category and Exemption*	***Choose One:*** **Non-Agricultural Occupation ____ Exemption Order # _____** **Agricultural Occupation ____ Exemption Order # _____**
Tasks to be performed at worksite:	
Specific hazardous tasks to be performed at the worksite:	

Supervision

Identify areas of general supervision to be provided for the student learner at the work site:

_____

_____

Identify areas where direct supervision is to be provided for the student learner performing hazardous tasks at the work site.

_____

_____

This agreement is an exemption from Child Labor Order Number from the identified hazardous occupation list specified above. The exemption is effective when all parties abide by the terms of the agreement.

_____ _____

CTE Co-Op Coordinator / Supervisor (School) **Date**

_____ _____

Supervisor (Employer) **Date**

_____ _____

Parent / Guardian **Date**

Co-Op Employer Student Evaluation Form

PCHS Office of Career and Technical Education

Student's Name:	**Co-Op Pathway:**
Business Name:	**Business Phone:**
Supervisor Name:	**Supervisor Phone:**
Six Weeks Start Date:	**Six Weeks End Date:**

Student Responsibility: Turn in this form to the Co-Op Coordinator prior to the end of each six week grading period

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the Co-Op Coordinator

Evaluation

Scale: 1 – Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Attendance/Punctuality	1	2	3	4	5
Appropriate Dress	1	2	3	4	5
Attitude	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Following Directions	1	2	3	4	5

Cooperation	1	2	3	4	5
Adaptability/Flexibility	1	2	3	4	5
Relations with CoWorkers	1	2	3	4	5
Time Management	1	2	3	4	5
Quality of Work	1	2	3	4	5
Quantity of Work	1	2	3	4	5

Strengths of the Student:

_____

_____

Areas of Improvement for the Student:

_____

_____

Other Remarks:

_____

_____

Supervisor Signature: _____ **Date:** _____

Co-Op Program Student Evaluation Form

PCHS Office of Career and Technical Education

Student's Name:	**Co-Op Pathway:**
Business Name:	**Business Phone:**
Supervisor Name:	**Supervisor Phone:**
Six Weeks Start Date:	**Six Weeks End Date:**

Student Responsibility: Turn in this form to the Co-Op Coordinator prior to the end of each six week grading period

Evaluation

Scale: 1 - Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Work-Based Learning Experience	Rating				
Related to my career goal	1	2	3	4	5
Helped in planning my career	1	2	3	4	5
Still interested in this career	1	2	3	4	5
Received guidance and direction from the WBL supervisor on site	1	2	3	4	5
Used time wisely	1	2	3	4	5
Assigned appropriate amount of work expected; appropriate quality of work	1	2	3	4	5
Emphasized work ethics	1	2	3	4	5
Provided Work-Based Learning experience as outlined in agreement	1	2	3	4	5
Was of sufficient length	1	2	3	4	5
Was a positive experience overall	1	2	3	4	5

Remarks:

_____

_____

_____

Student Signature: _____ **Date:** _____

Co-Op Program Student Six Week Grading Period Time Sheet

PCHS Office of Career and Technical Education

Student's Name:	**Co-Op Pathway:**
Business Name:	**Business Phone:**
Supervisor Name:	**Supervisor Phone:**
Six Weeks Start Date:	**Six Weeks End Date:**

Student Responsibility: Turn in this form to the Co-Op Coordinator prior to the end of each six week grading period

Weekly Time Log

Please list the start and end times for each day

If you work for the employer on the weekend, you do not have to log that time

Week & Dates	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL HOURS
Week One Dates _____						
Week Two Dates _____						
Week Three Dates _____						
Week Four Dates _____						
Week Five Dates _____						
Week Six Dates _____						

Student Signature: _____ **Date:** _____

Co-Op Monitoring/Observation Log

PCHS Office of Career and Technical Education

Student's Name:	**Co-Op Pathway:**
Business Name:	**Business Phone:**
Supervisor Name:	**Supervisor Phone:**

To Be Completed by the Co-Op Coordinator

One Contact MUST be made each Six Week Grading Period
Circle or Highlight the Type of Contact Made

DATE	TIME	TYPE OF CONTACT MADE	COMMENTS/RESULTS
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	

Powell County High School

Career and Technical Education

School To Work Program

Empowered: It's not just content, it's skills

Powell County High School
700 West College Avenue
Stanton, KY 40380
(606) 663-3320

What is a School to Work program?

School to Work is a paid educational program consisting of in-school instruction combined with program related on-the-job work experience in a business or industrial establishment. These are planned experiences supervised by the school and the employer to ensure that each phase contributes to the student's Individual Learning Plan (ILP) and Career Pathway.

What are the benefits of a School to Work program?

School to Work provides opportunities for students to learn under real-life work conditions and to develop occupational competencies (attitudes, technical skills, and knowledge) needed to be successful in their chosen career. The school selects, as a training agency, a firm that will provide and coordinate occupational career experiences that will further the student's education and employability skills. The program provides students with an opportunity to graduate as individuals who practice 21st century skills and are considered to be college- and career-ready

How can I participate in a School to Work Program?

Prior to participating in a School to Work program, students will collaborate with the guidance counselor to complete the ***Powell County High School School to Work Program Application Packet.*** The student will submit the application and the requested documents to the School to Work Coordinator. If approved, the School to Work Coordinator will provide the student and parents/guardians with a ***School to Work Approval Letter*** and the following forms to complete prior to beginning the School to Work Program:

- Parent/Guardian Participation and Travel Consent Form
- Parent Medical Consent Form
- School to Work Obligations and Expectations Form
- Absenteeism, Transfers and Terminations Form
- Confidentiality Statement Form
- School to Work Work-Based Learning Plan and Agreement
- Addendum for Student Learner in Hazardous Occupations and Cooperative Education Training Plan *(If Applicable)*

Once enrolled in the School to Work Program, the student and employer will complete the following documents prior to the end of ***EACH*** six-week grading period. It is the responsibility of the student to submit the student and employer forms to the School to Work Coordinator:

- Employer Student Evaluation Form (employer complete)
- Student Evaluation Form (student complete)
- Student Six-Week Grading Period Time Sheet (student complete)

During the student's placement in the School to Work Program, the School to Work Coordinator will maintain the student file which will contain the Student Application and all completed forms and agreements. In addition, the school coordinator will:

- Add the Employer Student Evaluation Form, Student Evaluation Form, and Student Six-Week Grading Period Time Sheet to the file each six week grading period
- Maintain the ***School to Work Monitoring/Observation Log*** in the student's file

******It is the responsibility of the School to Work Coordinator to collaborate with the CTE Guidance Counselor and Attendance Clerk for individual student enrollment in a School to Work Program.***

Powell County High School
School to Work Program Application Packet

Student's Name:	**School Year:**
Academic Pathway:	**Date Submitted:**

Prior to participating in a School to Work program, students will collaborate with his/her counselor to complete the ***Powell County High School School to Work Program Application Packet.*** The student will submit the application and the requested documents to the School to Work Coordinator. If approved, the School to Work Coordinator will provide the student and parents/guardians with a ***School to Work Approval Letter*** and the forms to complete prior to beginning the School to Work Program.

Application Packet Checklist:

_____ Completed School to Work Program Application
_____ Teacher Recommendation Form
_____ Guidance Counselor Recommendation Form
_____ Work Permit/Working Papers (if under age of 18)

Once Approved for the School to Work Program:

_____ Parent/Guardian Participation and Travel Consent Form
_____ Parent Medical Consent Form
_____ School to Work Obligations and Expectations Form
_____ Absenteeism, Transfers and Terminations Form
_____ Confidentiality Statement Form
_____ School to Work Work-Based Learning Plan and Agreement
_____ Addendum for Student Learner in Hazardous Occupations and Cooperative Education Training Plan *(If Applicable)*
_____ Worker's Compensation (Obtain from Employer)
_____ Driver's License
_____ Vehicle Insurance
_____ Health Insurance

Forms Completed Each Six Week Grading Period:

_____ Employer Student Evaluation Form
_____ Student Evaluation Form
_____ Student Six-Week Grading Period Time Sheet
_____ School to Work Monitoring/Observation Log

******This form should be submitted with the application and will be maintained in the student's School to Work Folder by the School to Work Coordinator***

SCHOOL TO WORK PROGRAM APPLICATION PACKET:
STUDENT APPLICATION

PCHS Office of Career and Technical Education

Student Information:

Name: _____ Pathway: _____

Date of Birth: _____ Age: _____

Social Security Number: _____ Phone Number: _____

Address: _____

Parent/Guardian Information:

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Current Employment:

Place of Employment: _____ Type of Business: _____

Job Title: _____ Supervisor Name: _____

Address: _____ Phone: _____

Previous Employment:

Place of Employment: _____ Type of Business: _____

Job Title: _____ Supervisor Name: _____

Address: _____ Phone: _____

Employment Questions:

If you are currently *unemployed*, in what type of business would you prefer to work?

_____

If you are currently *employed*, are you interested in changing jobs? _____

Do you have a work permit? _____ Permit Number: _____ Permit Date: _____

Transportation:

Do you have a driver's license? _____ Do you have access to a car for daily work? _____

CLASS SCHEDULE

Period	Course	Teacher	Room Number

What school activities, if any, have you participated in?

_____

_____

_____

What school activities, if any, do you plan to participate in during this current school year?

_____

_____

_____

As an applicant to the Powell County High School School to Work Program, I will take advantage of every opportunity that will improve my skills and efficiency in both the classroom and world of work. In addition, I understand this application only serves as a data collection tool and does NOT guarantee acceptance into the School to Work Program or is a promise of employment.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL TO WORK PROGRAM APPLICATION PACKET:
TEACHER RECOMMENDATION

PCHS Office of Career and Technical Education

Student's Name:	**Date:**
Academic Pathway:	**Teacher:**

Evaluation

Scale: 1 – Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Attendance/Punctuality	1	2	3	4	5
Appropriate Behavior	1	2	3	4	5
Attitude	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Following Directions	1	2	3	4	5

Cooperation	1	2	3	4	5
Adaptability/Flexibility	1	2	3	4	5
Relations with Other Students/Teachers	1	2	3	4	5
Time Management	1	2	3	4	5
Quality of Work	1	2	3	4	5
Quantity of Work	1	2	3	4	5

Teacher Signature: _____ Date: _____

SCHOOL TO WORK PROGRAM APPLICATION PACKET:
GUIDANCE COUNSELOR RECOMMENDATION
PCHS Office of Career and Technical Education

Student's Name:	**Date:**
Counselor Name:	**Expected Graduation Date:**

Attendance

Absence Totals

_____ 9th Grade
_____ 10th Grade
_____ 11th Grade
_____ 12th Grade, to date

Tardy Totals

_____ 9th Grade
_____ 10th Grade
_____ 11th Grade
_____ 12th Grade, to date

Academics

Number of Credits Earned to Date: _____ Current GPA: _____

Number of Credits Needed to Graduate: _____ Is the Student on Track to Graduate? _____

Is the student's schedule adaptable to include him/her in the School to Work Program? _____

Recommendation

_____ The student ***DOES*** have sufficient credits, GPA, and a satisfactory attendance record to enroll in the School to Work Program

_____ The student ***DOES NOT*** have sufficient credits, GPA, and a satisfactory attendance record to enroll in the School to Work Program

Counselor Signature: _____ Date: _____

SCHOOL TO WORK APPROVAL LETTER

PCHS Office of Career and Technical Education

Dear Parent/Guardian

Your student has been accepted to the PCHS School to Work Program as a course offered at Powell County High School. As a result, ***your student will not meet daily in a classroom for the School to Work Course*** but will be given assignments periodically to be completed while participating in a workplace environment. The School to Work Program is designed for seniors at Powell County High School to leave school at 1:30 p.m. daily to report to his/her place of employment. Students ***MUST*** have employment before they will be permitted to continue this program.

- **Employers are defined as the following:**
    - Commercial Businesses, Professional Organizations, Licensed Professionals
    - Licensed Contractors***** and Working Farming Operations*****

  *******If a student is employed by a contractor or working farming operation, they MUST be enrolled in a Co-Op through PCHS. They may not leave during the work block to attend these jobs unless enrolled in the Co-Op*
- **Employers are NOT:**
    - Babysitting
    - Working with relatives who are not in the above categories
    - Mowing the Yard
    - Cleaning the House
    - Anything that cannot be placed in the four categories of Employers listed above

With minimal classroom interaction for the School to Work Course, the following criteria is required of all students in the School to Work Program:

- Complete all required forms each six week grading period
- Complete a career assignment each six weeks (assignments remain open for the full six weeks and then are closed, no exceptions).
- Students attend one monthly class meeting and attendance is required

It is our practice to communicate with parents/guardians when a student is not complying with course requirements and/or is in danger of not passing the course. However, if a student does not comply with the assignments, they can and will fail the course and not receive the credit needed to graduate. If the loss of a job occurs, students must notify the School to Work Coordinator immediately. If a student cannot find employment by the end of the current six week period, the student will be removed from the School to Work program. Students who receive a failing grade at midterm of the first six weeks of school must increase their grade to passing by the end of the six weeks. Failure to do so will result in the student being removed from the program and placed in a class for remediation and will not be permitted to re-enter the program in the Spring Semester. Thank you in advance for your cooperation to ensure the success of your student.

Sincerely,

Jennifer Kincaid, Interim Principal **Cole Wills, School to Work Coordinator**

SCHOOL TO WORK PARENT/GUARDIAN PARTICIPATION AND TRAVEL CONSENT FORM

PCHS Office of Career and Technical Education

Your child will be participating in a School to Work program. School to Work is a paid educational program consisting of in-school instruction combined with program related on-the-job work experience in a business or industrial establishment.

Permission to Participate in School to Work

_____ may travel to _____

(Student Name) *(School to Work Site/Business)*

for his/her School to Work employment. In granting permission, I accept all moral, legal, and medical responsibilities associated with his/her School to Work placement. Furthermore, I relieve the Powell County School District, School to Work Coordinator, and the above listed School to Work site from any responsibility not associated with proper adult supervision.

Permission to Travel to School to Work Site

I grant permission for my son/daughter to travel using his/her own car.

____Yes ____ No

I grant permission for my son/daughter to travel with another student driver.

____Yes ____ No If yes, name of student _____

I will provide transportation for my son/daughter to and from the School to Work site.

____Yes ____ No

Photo Release

I grant permission to photograph my child while participating in the School to Work program for program promotion and educational purposes.

____Yes ____ No

Signature of Parent/Guardian: _____Date: _____

SCHOOL TO WORK MEDICAL AUTHORIZATION

PCHS Office of Career and Technical Education

Student Information

Student's name: _____

Date of birth: _____

Address: _____

Daytime phone for parent or guardian: (_____) _____

Contact name other than parent or guardian:_____

Relation to student: _____ Phone: (_____) _____

Family doctor: _____ Phone: (_____) _____

Preferred hospital: _____ Phone: (_____) _____

Medical Consent

Should it be necessary for my child to have medical treatment while participating in the School to Work program, I hereby give the school district and/or work-site personnel permission to use their best judgment in obtaining medical service for my child, In addition, I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

____Yes ____ No

Permission is granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

____Yes ____ No

Signature of Parent/Guardian: _____ Date: _____

SCHOOL TO WORK OBLIGATIONS AND EXPECTATIONS FORM

PCHS Office of Career and Technical Education

- Student will obtain necessary signatures and complete all necessary forms before reporting to work, during the School to Work experience, and following the School to Work Experience.
- Student will notify the employer if unable to report to work due to illness and/or emergency.
- If injured at work, the student/parent will notify both the work supervisor and the school School to Work Coordinator immediately.
- If the job is terminated due to layoff or firing, the student will notify the school coordinator immediately.
- A student who loses his/her job during the school year because of inefficiency, lack of interest, not abiding by the rules and regulations, etc., will receive a 50% for the grading period and may possibly fail the course.
- Student must observe all safety regulations at the training location at all times.
- No student may terminate his/her work without the knowledge and consent of the School to Work Coordinator.
- If school is delayed for any reason, the student will contact the work supervisor at the work site, unless other arrangements have been made with the employer.
- Students are expected to follow the work site calendar. Traditional holidays are not automatic for students. The work site supervisor, student, and School to Work Coordinator make final determination of the student schedule.
- Students must keep good attendance at both the work site and at school. If student absence is a problem, the students may be removed from the program.
- All students on early work release are required to be enrolled in and successfully complete the School to Work course.
- All students will be required to maintain a portfolio. The School to Work coordinator will assist with its contents.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

SCHOOL TO WORK ABSENTEEISM, TRANSFERS, AND TERMINATIONS FORM

PCHS Office of Career and Technical Education

Absenteeism

- Excessive absences from work and/or school may result in the removal from the School to Work program, thus forfeiting any credit
- If a student is too ill to attend school, the student is too ill to go to work
- If a student is absent from the related instructional class, it is his/her responsibility to arrange make-up work
- If an absence is unexcused, work can not be made up and the student's grade will be adversely affected

Transfers

- No student is permitted to change jobs without first notifying the School to Work Coordinator
- Appropriate reasons for transfers may include:
    - Layoff from work site for an extended duration of one month or more
    - Physical ailments, illnesses, or disability
    - Severe personality conflict with supervisor or fellow employee
    - Better employment offer
- For a transfer to be completed, the student must:
    - Notify the School to Work Coordinator in advance
    - Give the employer a one to two weeks' notice
    - Complete new Work-Based Learning Plan and Agreement
- A new School to Work site should be secured and approved before leaving one's present site
- Failure to notify the School to Work Coordinator of termination from a site will result in the student's return to a full-day schedule

Termination

- Any student enrolled in a School to Work program may be released from the program under any of the following conditions:
    - Failure to stay in good academic standing
    - Failure to notify the employer before absence from the job
    - Failure to notify the School to Work Coordinator of any changes, including layoffs, termination or etc.
    - Employer does not have adequate work to keep the student employed
    - An evaluation is made and it is determined the student is not receiving organized and progressive work experience related to the School to Work course
    - Excessive absenteeism from school or work
    - It is determined by administration the student is not representative of the school's best interest or the student is not following rules and regulations of the program

The School to Work Coordinator and Guidance Counselor, in conjunction with the Principal, has the authority to administer and amend the above causes of termination as individual cases warrant

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

CONFIDENTIALITY STATEMENT FORM

PCHS Office of Career and Technical Education

I agree that I shall strictly maintain the confidentiality of all information and data disclosed throughout the School to Work program. Additionally, I accept the responsibility of security given to me when entrusted with materials, property, and information.

Student Name: _____

Student Signature :_____ Date: _____

Employer Name: _____

Employer Signature: _____ Date: _____

School to Work Coordinator Name: _____

School to Work Coordinator Signature: _____ Date: _____

School to Work Work-Based Learning Plan and Agreement

PCHS Office of Career and Technical Education

Student Information

Student's Name: _____

Date of Birth: _____ Grade: _____

Address: _____

Cell Phone Number: _____ Email: _____

School Information

Academic Pathway: _____

Counselor: _____ Counselor Phone: _____

School to Work Coordinator: _____ Coordinator Phone: _____

Company/Business Information

Company/Business Name: _____

Company/Business Phone Number: _____

Company/Business Address: _____

Mentor/Supervisor Name and Title: _____

Student Work Schedule

Start and End Dates: _____

Days and Hours: _____

Total Hours Per Week: _____ Hourly Wage: _____

Based on the Work-Based Learning Type, complete the following:

Student Name: _____ School Year: _____

General Workplace Competencies

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

Technical Skills / Competencies (Hazardous Occupations*)

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

*The addendum for "hazardous occupations" shall be completed if the school to work placement is associated with an exemption for hazardous occupations.

Occupational Safety Competencies

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

The student agrees to:

- ensure I have adequate transportation to and from work

- maintain satisfactory ratings in all my school courses
- be released from school, and I must work at least ten hours during the week
- be paid or receive credit towards my court-ordered restitution for my part-time work experience
- 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
- understand I may be released from the program for violating any of these terms at any time

The teacher/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).

Signatures		**Date**
Student:		
Parent/Guardian:		
School to Work Coordinator:		
CTE Counselor:		
Principal:		
Employer:		

Copies of the completed Co-Op Work-Based Learning Plan and Agreement have been sent to:

- ☐ **Student**
- ☐ **Parent/Guardian**
- ☐ **School to Work Coordinator**
- ☐ **CTE Counselor**
- ☐ **Principal**
- ☐ **Employer**

Addendum for Student Learner in Hazardous Occupations

and Cooperative Education Training Plan
(for minors under 18 years of age)

To be attached to the School to Work Work-Based Learning Plan and Agreement

<u>Non-Agricultural Hazardous Occupations Prohibited for Minors Ages 16-17</u>

HO 1	Manufacturing and storing of explosives
HO 2	Motor-vehicle driving and outside helper on a motor vehicle
HO 3	Coal mining
HO 4	Occupations in forest fire fighting, forest fire prevention, timber tract operations, forestry service, logging and sawmilling
HO 5*	Power-driven woodworking machines
HO 6	Exposure to radioactive substances
HO 7	Power-driven hoisting apparatus, including forklifts
HO 8*	Power-driven metal-forming, punching and shearing machines
HO 9	Mining, other than coal mining
HO 10*	Operating power-driven meat processing equipment, including **meat slicers and other food slicers**, in retail establishments (such as grocery stores, restaurants kitchens and delis) and wholesale establishments, and most occupations in meat and poultry slaughtering, packing, processing or rendering
HO 11	Power-driven bakery machines including vertical dough or batter mixers
HO 12*	Power-driven balers, compactors and paper processing machines.
HO 13	Manufacturing bricks, tile and kindred products
HO 14*	Power-driven circular saws, band saws, chain saws, guillotine shears, wood chippers and abrasive cutting discs
HO 15	Wrecking, demolition and shipbreaking operations
HO 16*	Roofing operations and all work on or about a roof
HO 17*	Excavation operations

**** These HOs provide limited exemptions for 16- and 17-year-olds who are bona fide student learners and apprentices.***

***** Please reference the Child Labor Bulletin #101 for HOs that pertain to students under the age of 16.***

<u>Agricultural Hazardous Occupations Prohibited for Minors Under the Age of 16</u>

These prohibitions on employment in hazardous occupations in agriculture do not apply to youth employed on farms owned or operated by their parents

HO 1*	Operating a tractor of over 20 power-take-off (PTO) horsepower or connecting or disconnecting an implement or any of its parts to or from such a tractor
HO 2*	Operating or assisting to operate (including starting, stopping, adjusting, feeding or any other activity involving physical contact associated with operation) any of the following machines: a) corn picker, cotton picker, grain combine, hay mower, forage harvester, hay baler, potato digger or mobile pea viner; b) feed grinder, crop dryer, forage blower, auger conveyor or the unloading mechanism of a non-gravity type self-unloading wagon or trailer; or c) power post hole diggers, power post driver or non-walking type rotary tiller
HO 3*	Operating or assisting to operate (including starting, stopping, adjusting, feeding or any other activity involving physical contact associated with operation) any of the following machines: a) trencher or earthmoving equipment b) forklift c) potato combine d) power-driven circular, band, or chainsaw
HO 4*	Working on a farm in a yard, pen or stall occupied by: a) bull, board, or stud horse maintained for breeding purposes; or b) a sow with suckling pigs, or a cow with a newborn calf (with umbilical cord present)
HO 5*	Felling, bucking, skidding, loading or unloading timber with butt diameter of more than 6 inches.
HO 6*	Working from a ladder or scaffold (painting, repairing or building structures, pruning trees, picking fruit, etc.) at a height over 20 feet
HO 7	Driving a bus, truck or automobile when transporting passengers or riding on a tractor as a passenger or helper
HO 8	Working inside: a) a fruit, forage or grain storage designed to retain an oxygen deficient or toxic atmosphere b) an upright silo within two weeks after silage has been added or when a top unloading device is in operating position c) a manure pit d) a horizontal silo while operating a tractor for packing purposes
HO 9	Handling or applying toxic agricultural chemicals (including cleaning or decontaminating equipment, disposal or return of empty containers or serving as a flagman for aircraft applying such chemicals). Such toxic chemicals are identified by the word "poison," or "warning," or are identified by a "skull and crossbones" on the label.
HO 10	Handling or using a blasting agent, including but not limited to, dynamite, black powder, sensitized ammonium nitrate, blasting caps, and primer cord.
HO 11	Transporting, transferring, or applying anhydrous ammonia.

**** These HOs provide limited exemptions for minors under the age of 16 who are bona-fide student learners.***

As noted in Chapter 1 of the KDE Work-Based Learning Manual, the conditions for an exemption include the following:

1) **The student learner is enrolled in a course of study and training in a vocational education training program in agriculture under a recognized state or local educational authority or in a substantially similar program conducted by a private school,**

2) **Such student learner is employed under a written agreement which provides:**

   a) **that the work of the student learner is incidental to the training**

   b) **that such work shall be intermittent, for short periods of time, and under the direct and close supervision of a qualified and experienced person**

   c) **that safety instruction shall be given by the school and correlated by the employer with on-the-job training**

   d) **that a schedule of organized and progressive work processes to be performed on the job shall have been prepared**

3) **Each such written agreement shall contain the name of the student learner, and shall be signed by the employer and by a person authorized to represent the educational authority of school.**

4) ***Copies of each agreement shall be kept on file by both the employer and either the educational authority or the school. 29 CFR 570.72(a).***

Signatures		**Date**
Student:		
Parent/Guardian:		
School to Work Coordinator:		
CTE Counselor:		
Principal:		
Employer:		

Written Agreement for Employment in Hazardous Occupations

Job Title	

Hazardous Occupation Category and Exemption*	***Choose One:*** **Non-Agricultural Occupation ____ Exemption Order # _____** **Agricultural Occupation ____ Exemption Order # _____**
Tasks to be performed at worksite:	
Specific hazardous tasks to be performed at the worksite:	

Supervision

Identify areas of general supervision to be provided for the student learner at the work site:

_____

_____

Identify areas where direct supervision is to be provided for the student learner performing hazardous tasks at the work site.

_____

_____

This agreement is an exemption from Child Labor Order Number from the identified hazardous occupation list specified above. The exemption is effective when all parties abide by the terms of the agreement.

_____ _____

School to Work Coordinator / Supervisor (School) **Date**

_____ _____

Supervisor (Employer) **Date**

_____ _____

Parent / Guardian **Date**

School to Work Employer Student Evaluation Form

PCHS Office of Career and Technical Education

Student's Name:	**Academic Pathway:**
Business Name:	**Business Phone:**
Supervisor Name:	**Supervisor Phone:**
Six Weeks Start Date:	**Six Weeks End Date:**

Student Responsibility: Turn in this form to the School to Work Coordinator prior to the end of each six week grading period

Employer Responsibilities: Please complete the two tables below; share your ratings with the student; give this form to the student to return to the School to Work Coordinator

Evaluation

Scale: 1 – Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Attendance/Punctuality	1	2	3	4	5
Appropriate Dress	1	2	3	4	5
Attitude	1	2	3	4	5
Dependability	1	2	3	4	5
Initiative	1	2	3	4	5
Following Directions	1	2	3	4	5

Cooperation	1	2	3	4	5
Adaptability/Flexibility	1	2	3	4	5
Relations with CoWorkers	1	2	3	4	5
Time Management	1	2	3	4	5
Quality of Work	1	2	3	4	5
Quantity of Work	1	2	3	4	5

Strengths of the Student:

_____

_____

Areas of Improvement for the Student:

_____

_____

Other Remarks:

_____

_____

Supervisor Signature: _____ **Date:** _____

School to Work Program Student Evaluation Form

PCHS Office of Career and Technical Education

Student's Name:	**Academic Pathway:**
Business Name:	**Business Phone:**
Supervisor Name:	**Supervisor Phone:**
Six Weeks Start Date:	**Six Weeks End Date:**

Student Responsibility: Turn in this form to the School to Work Coordinator prior to the end of each six week grading period

Evaluation

Scale: 1 - Poor 2 - Needs Improvement 3 - Average 4 - Good 5 - Excellent

Work-Based Learning Experience	Rating				
Related to my career goal	1	2	3	4	5
Helped in planning my career	1	2	3	4	5
Still interested in this career	1	2	3	4	5
Received guidance and direction from the WBL supervisor on site	1	2	3	4	5
Used time wisely	1	2	3	4	5
Assigned appropriate amount of work expected; appropriate quality of work	1	2	3	4	5
Emphasized work ethics	1	2	3	4	5
Provided Work-Based Learning experience as outlined in agreement	1	2	3	4	5
Was of sufficient length	1	2	3	4	5
Was a positive experience overall	1	2	3	4	5

Remarks:

_____

_____

_____

Student Signature: _____ **Date:** _____

School to Work Program Student Six Week Grading Period Time Sheet

PCHS Office of Career and Technical Education

Student's Name:	**Academic Pathway:**
Business Name:	**Business Phone:**
Supervisor Name:	**Supervisor Phone:**
Six Weeks Start Date:	**Six Weeks End Date:**

Student Responsibility: Turn in this form to the School to Work Coordinator prior to the end of each six week grading period

Weekly Time Log

Please list the start and end times for each day

If you work for the employer on the weekend, you do not have to log that time

Week & Dates	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL HOURS
Week One Dates _____						
Week Two Dates _____						
Week Three Dates _____						
Week Four Dates _____						
Week Five Dates _____						
Week Six Dates _____						

Student Signature: _____ Date: _____

School to Work Monitoring/Observation Log

PCHS Office of Career and Technical Education

Student's Name:	**Academic Pathway:**
Business Name:	**Business Phone:**
Supervisor Name:	**Supervisor Phone:**

To Be Completed by the School to Work Coordinator

One Contact MUST be made each Six Week Grading Period
Circle or Highlight the Type of Contact Made

DATE	TIME	TYPE OF CONTACT MADE	COMMENTS/RESULTS
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	
		• Call to Employer • Call from Employer • Routine Visit • Special Visit	