

PINELLAS COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION (ESE) DEPARTMENT
NON-PAID COMMUNITY-BASED VOCATIONAL EXPERIENCE TRAINING AGREEMENT AND TRAINING PLAN

Student _____ Date of Birth _____

School _____

Business/Site Name _____

Address _____

The following are the three possible phases of the non-paid community-based vocational experience. Depending upon the student's ability and experience, he/she may participate in one or more phases, and this may not be known until the student begins in one of the phases. You will always be kept updated and advised of the specific phase in which the student is participating.

1. **Vocational exploration** (also called job shadowing) exposes students briefly to a work setting to help them make decisions about future career directions or occupations. The exploration process involves investigating interests, strengths, and weakness in relation to the demands and other characteristics of work environments. Through vocational exploration, students gain information by watching work being performed, talking with employees, and sometimes trying out work under direct supervision of school personnel. The exploration experience(s) will be for a maximum of five (5) hours per job classification. Vocational exploration is for the educational benefit of the student according to his/her Transition IEP. The school is responsible for the general supervision of the program. The business will receive no immediate advantage from the tasks that the student performs. The student is not entitled to wages or other work related benefits while in the exploration program.

2. **Vocational assessment** helps determine individual training objectives for a student with a disability. In this component, the student performs work assignments in community businesses under the direct supervision of school personnel and employees. Assessment data are systematically collected concerning the student's interests, aptitudes, needs, learning styles, work habits, behavior, personal and social skills, values and attitudes, and stamina. The student rotates among various work settings as situational assessments are completed by school personnel and assessment site employees. As a result, students select work settings in which they can best pursue career or occupational areas matching their interests and aptitudes. Assessment will not exceed 90 total hours per job. Vocational assessment is for the educational benefit of the student according to his/her Transition IEP. The school is responsible for the general supervision of the program. The business will receive no immediate advantage from the tasks that the student performs. The student is not entitled to wages or other work related benefits while in the assessment program. If at any point the community-based vocational activity is no longer a learning experience, it cannot be considered a non-employment relationship.

3. **Vocational training** places the student in various employment settings for work experience training. The student and school personnel develop a detailed, written training plan, which includes the competencies to be acquired, method(s) of instruction, and procedures for evaluating the training experience. Training is closely supervised by a representative of the school or a designated employee/supervisor. The purpose of this component is to enable students to develop the competencies and behavior needed to secure and maintain paid employment. Vocational training is for the educational benefit of the student according to his/her Transition IEP. The school is responsible for the general supervision of the training program. The student will not replace any employees but may work under their close supervision. The business will receive no immediate advantage from the tasks that the student performs. The student is not entitled to wages or other work related benefits while in the training program. The student is not automatically entitled to employment with the business when the training period ends. If at any point the non-paid community-based vocational activity is no longer a learning experience, it cannot be considered a non-employment relationship. Training will not exceed 120 total hours per job classification.

According to this agreement, (Employer)_____ agrees to permit the above named student to enter its work site for the purpose of participating in non-paid community-based vocational experience.

Job classification(s) for experience: _____

Job/Site Conditions: Maximum time standing _____ hours Maximum weight lifted _____ lbs.

Walking long distances? ☐ No ☐ Yes (Approximate Length _____)

☐ Outside work ☐ Inside work ☐ Hot environment ☐ Cold environment ☐ Damp environment

☐ Health Care Facility (Areas student in which will work: _____)

☐ Other (specify): _____

Desired vocational training outcome(s) for student:

The desired outcome(s) of this vocational experience are [Check appropriate outcome(s)]:

☐ Development of expected work behaviors designated on the *Work Maturity and Job Specific Skills Training Record, Task Analysis*.

☐ Mastery (with/without support) of job specific skills designated on the *Work Maturity and Job Specific Skills Training Record, Task Analysis*.

☐ Other: _____

Measurement of progress:

The student's progress will be measured by the *Work Maturity and Job Specific Skills Training Record, Task Analysis* and/or on the student's Transition IEP.

Supervision of vocational experience:

School staff will be responsible for general supervision of the non-paid community-based vocational experience program. General supervision means the school is responsible for ensuring that the U.S. Departments of Labor and Education and Pinellas County School Board policy guidelines for community-based vocational education programs are understood and followed.

☐ Continued and direct day-to-day on-site supervision will be provided by school staff (either teacher or trained paraprofessional).

☐ Continued and direct day-to-day on-site supervision will be provided by the employer. School personnel will provide work site monitoring _____. (List frequency. Must be at least weekly.)

Employer's Responsibilities: The business will permit and assist with training of the student in the job classification(s) listed above and will ensure the vocational experience takes place under safe and hazard-free conditions. The student will receive the same consideration given employees with regard to safety, health, general working conditions, and other work related procedures.

Teacher/Trainer's Responsibilities: The teacher/trainer will arrange for transportation to and from the business site, provide initial training and general monitoring and supervision of the experience, and coordinate all related activities.

Parent/Guardian's Responsibilities: The parent or guardian of the student/ student (if age of majority and retaining rights) consents to the participation of the student in non-paid community-based vocational experience at the above listed business according to all conditions listed and will not hold the work site or its employees, The School Board of Pinellas County, the school, the teacher/trainer, or other support personnel liable for any accident or injury or illness which may result from this activity. Parent or guardian also agrees and consents to the release of all information contained in this document to the above listed business.

Student's Responsibilities: The student agrees to follow the rules set by the employer, school, teacher/trainer, or other appropriate parties.

Additional Parent/Guardian/Adult Student Representations:

1. I authorize school representatives to obtain medical treatment for my son/ daughter/ self (if age of majority and retaining rights), which includes required emergency transportation, in case of serious illness or injury and understand that I will be responsible for any and all costs incurred. All reasonable attempts will be made to contact the parent/guardian prior to medical treatment.
2. I understand that the trained school employee who usually dispenses medications may or may not be present during this travel and community-based experience. Medications will be dispensed by a responsible staff member.
3. All provisions of the Code of Student Conduct apply to community-based instructional experiences. To ensure student safety and compliance with the Code, I agree that my son's/ daughter's/ own (if age of majority and retaining rights) belongings may be randomly searched for contraband.
4. I have documented below all precautions/instructions regarding my son's/ daughter's/ own (if age of majority and retaining rights) medication. **I have noted any special health-related conditions or allergies** regarding my son/ daughter/ self (if age of majority and retaining rights).

• Allergies to foods, medications, etc. (If none, write "NA") _____

• Special medical problems or physical limitations (If none, write "NA") _____

• Medication taken on a regular basis (If none, write "NA". If required, list name, dosage and times of administration.) _____

Student's Physician: _____ Office Address: _____

Telephone Number: _____ Preferred Hospital: _____

Insurance Company (Medical): _____ Policy/ID Number: _____ Phone: _____

☐ I have School Student Accident Insurance. The Student ID Number is: _____

Contact In Case of Emergency: Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

5. I hereby grant permission for the student to travel by: ☐ Walking ☐ City bus ☐ Public taxi ☐ School bus
☐ Other (specify): _____ to and from this site to participate in the experience at this location. I grant this permission for the duration of the community-based vocational experience to be provided on this site, which will begin (date) _____ and will continue on a weekly basis on the days and at the time indicated: ☐ M ☐ T ☐ W ☐ Th ☐ F
 Time of Departure (Approx.) _____: _____ Time of Return (Approx.) _____: _____.

6. **I know of no physical or mental condition or impairment that would adversely affect the student's ability to safely participate in this vocational experience.**

I have read and understand the above and, by my signature below, accept the designated responsibilities, agree to the conditions stated, and give the named student permission to participate in the designated non-paid community-based activities.

Student Date

Parent/Guardian Date

Principal Date

Vocational Experience Site Representative Date

Teacher Date

Trainer* Date

*Paraprofessional is to provide direct student supervision or training.