Work-Based Learning (WBL) Training Agreement

Coversheet

***Name**: _____

***School/Career Center**: _____ ***Career Cluster:** _____

Student's Career Pathway/Program of Study: _____

Emergency Contact: _____ **Phone Number:** _____

Forms included in the Training Agreement

Completed by Student/Parent	Forms	Reviewed by Teacher/WBL Coordinator
	Student and Parent Information	
	Parent/Guardian Permission Form Worksite Information to be completed by Supervising Teacher or Career Specialist	
	Training Agreement	
	Hazardous Occupations Exemption Form to be completed by Supervising Teacher/Career Specialist	
	Worker's Compensation and Liability Coverage Form to be completed by Supervising Teacher/Career Specialist	
	Criminal Record Check *(Health Science Students only)*	
	TB Test Consent Form *(Cosmetology, Barbering and Health Science students only)*	

*** Information required for State Reporting**

Student and Parent Information

Name: _____ Age: _____
First Name Middle Initial Last Name

Home Address: _____
Street City, State Zip Code

Email: _____ Cellphone: _____

DOB: _____ / _____ / _____

School Name: _____ School Counselor: _____

Parent/Guardian

- Name: _____ Relationship: _____

  Home Address: _____
  Street City, State Zip Code

  Email: _____ Cellphone: _____

- Emergency Contact: _____ Relationship: _____

  Email: _____ Cellphone: _____

Medical and Insurance - List medical information needed in case of emergency.

Allergies or Medical Issues: _____

_____

Allergic to medications? Yes No If yes, what medications? _____

Is School Insurance coverage provided? Yes No

_____
Health/Accident Insurance Company

_____
Insured

_____
Policy Number

Parent Signature_____ **Student Name:** _____

Parent/Guardian Permission Form

Worksite Information (To be completed by Teacher/Work-based Learning Coordinator)

Name: _____

Address: _____
Street City, State Zip Code

Worksite Supervisor: _____
Name Contact Number

Nature of work to be performed in the work-based learning experience: _____

_____

_____

List of objectives and/or skills to be mastered based on industry-defined competencies within career pathway.

_____

_____

_____

Are employees at this worksite engaged in hazardous occupations? Yes No

Will the work-based learning experience for this student involve a hazardous occupation as defined under the Federal guidelines? Yes No

WBL Begins: _____/_____/_____ Ends: _____/_____/_____
Date Date

- Is the Work-Based Learning (WBL) Placement aligned to the student's Individual Graduation Plan (IGP)? Yes or No
- Is the Work-Based Learning Placement paid? Yes or No
- Did the student earn at least one unit of course credit in the career pathway related to the WBL placement? Yes or No
- If yes, what is the course code? _____

Mode of Transportation: _____ Person Responsible: _____

Parent Signature_____ **Student Name:** _____

Consent to Participate - Initial each statement.

_____ My child, Name: _____ (DOB: _____ / _____ / _____), has my permission to participate in a work-based learning experience at the worksite as outlined above.

_____ I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided in this agreement is accurate to the best of my knowledge.

_____ The district provided information about the liability coverage if any injuries are sustained by my child's participation in this program.

_____ I grant the district/school/worksite permission to photograph my child for promotional and educational purposes in publications, online and in other communications related to this work-based learning experience.

_____ I have read the information and fully understand and agree with the content of this work-based learning experience training agreement.

Name (please print)	Signature	Date
Parent/Guardian		
Student		

Training Agreement

This training agreement briefly outlines the responsibilities of the student, parent/guardian, worksite supervisor, and teacher for the work-based learning experience.

Parent/Guardian

1. Approves and agrees that the student may participate in work-based learning at the worksite listed above.
2. Encourages the student to effectively carry out the work experience requirements both in the classroom and on the job.
3. Assumes responsibility for the conduct of the student.
4. Provides transportation for the student to and from the worksite.
5. Holds school and teacher harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

Student

1. Complies with the rules and regulations of the worksite.
2. Observes the same regulations that apply to other employees.
3. Adheres to all policies and regulations as set forth by school administration and the teacher.
4. Shall not displace adult workers who can perform such work as assigned in the work-based experience
5. Successfully meet any and all requirements as it pertains to safety procedures.

Teacher

1. Assists in securing an appropriate work-based experience based on the student's program of study.
2. Works with the supervisor/mentor in developing a training plan for the student.
3. Visits worksite at least once per month to confer with the employer and student; verifies that student's duties correlate with job description; observes working conditions; helps develop progressive skill-building activities; observes and evaluates student progress; and resolves questions, issues, or concerns.
4. Counsels the student about his or her job progress, behavior, attitude, academics, etc.
5. Terminates employment when it serves the best interest of the student as determined in collaboration with the employer.
6. Determines the student's final grade for work-based learning.
7. Reinforces work-based experiences with related classroom instruction.

Worksite Supervisor

1. Recognizes that the student is enrolled in work-based learning aligned to his or her program of study.
2. Provides supervision and instruction in each of the applicable tasks listed on the training plan to assist the student in mastering standards necessary for success in the career objective.
3. Evaluates and documents student progress.
4. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, and age.
5. Adheres to wage and hour; child labor; and all other federal, state, and local laws pertaining to student employment.
6. Completes the work-based experience evaluation and returns it to the teacher on the required date.

Parent Signature_____ **Student Name:** _____

Training Agreement cont.

Name (please print)	Signature	Date
Student		
Parent/Guardian		
Supervising Teacher/Career Specialist		
Worksite Supervisor		

HAZARDOUS OCCUPATION EXEMPTION FORM

Date: _____

This is to certify that _____ is a student
Name of Student

at _____ in _____, SC,
School/Career Center City

and will be participating in a Work-Based Learning experience at

at _____ in _____, SC.
Worksite Name City

1. The work of the student in the occupation declared hazardous shall be incidental to this training and shall be under the direct and close supervision of a qualified and experienced person.

2. Safety instructions shall be given by the school and correlated by the employer with on-the-job training. Documentation will be kept regarding type, amount, and process for safety training.

3. A schedule of organized and progressive work processes to be performed on the job shall have been prepared and agreed upon by the employer and school representative.

We certify that the conditions mentioned above will be fulfilled.

Name (please print)	**Signature**	**Date**
Supervising Teacher/Career Specialist		
Worksite Supervisor		

Parent Signature_____ **Student Name:** _____

Certificate of Worker's Compensation & Liability Coverage

Certificate of Worker's Compensation & Liability Coverage
for district Work-Based Learning Experiences

Student _____

School _____

Training Site _____

Supervisor/Mentor _____

Career Pathway (IGP or CTE Pathway) _____

Experienced Date(s) _____

Approximate Number of Hours _____

Worker's Compensation & Liability Provider Coverage
South Carolina Schools Board Trust
111 Research Drive
Columbia, SC 29203

Beverley W. Leeper
Coordinator, Risk Management
Richland County School District One

Parent Signature_____ **Student Name:** _____

Students in Cosmetology, Barbering, and Health Science program must complete the next section.

Parent Signature_____ **Student Name:** _____

South Carolina
Law Enforcement Division

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor
Mark A. Keel, Chief

Tel: (803) 737-9000

CRIMINAL RECORD CHECK

(**Please print your completed form and submit to SLED. You may want to print a copy for your records**.)

FULL NAME: _____
First Name Middle Name Last Name

AKA and/or MAIDEN NAMES: _____

DOB: _____ SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION	
VERIFICATION NUMBER (*as provided by SLED for online checks*)	
SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR	
(A self-addressed stamped envelope is required for the return of background check)	

PLEASE NOTE:

The fee is twenty-five dollars ($25) unless you are a charitable organization approved for a fee of eight dollars ($8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED. This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

***SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008**.

(CJ-022) Revised 09/25/15

Parent Signature_____ **Student Name:** _____

Richland County School District One

TB TEST CONSENT FORM

To be completed by Cosmetology, Barbering and Health Science Students

Please print. Submit the completed form to your instructor. Make a copy for your own records.

Student Name: _____
First Name Middle Initial Last Name

DOB: _____ / _____ / _____

Work-Based Learning Experience: _____
Internship, Cooperative Education, Youth Apprenticeship or Registered Apprenticeship

****ALL TEST RESULTS WILL BE KEPT CONFIDENTIAL****

Please Note:

The Career and Technical Education (CTE) Department will only pay the cost of the TB Test for students enrolled in a CTE Completer Program.

If your TB Test shows a need for a Chest X-ray, the cost of the Chest X-ray is the responsibility of the parent/guardian.

The undersigned grants permission for their student to participate in the TB Test as required by the course they are enrolled in through our Career and Technical Education Programs of Richland County School District One.

Name (please print)	Signature	Date
Student		
Parent/Guardian		

Submit the completed form to the Career and Technical Education Office for processing.

Parent Signature_____ **Student Name:** _____