Alpine School District Work-Based Learning

**TRAINING AGREEMENT**

Check one: \_\_\_\_\_ Internship \_\_\_\_\_ Job Shadow

Trainee/Intern\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEOP Career Goal/Field \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_ Age \_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WBL Periods \_\_\_\_\_\_\_\_\_\_ Related Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_

**Employer/Business Partner Information**:

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immediate Supervisor \_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled Hours/Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hrs/Week \_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning Date of WBL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **School Coordinator will**: (1) Ensure there is related instruction and serve as a consultant to all parties concerned with this  Training Agreement,  (2) Determine the amount of high school credit and the term grade the trainee will receive, (3) Ensure that regular contact is made with the trainee’s employer/supervisor, (4) Ensure that a written evaluation is obtained from employer each term.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *School Coordinator’s Signature Date* |
| **Cooperating Employer/Supervisor will**: (1) Assume responsibility for meaningful training and a safe workplace,  (2) Consult the school coordinator regarding problems related to the work experience and contact the school coordinator promptly before considering suspension, transfer, or termination,  (3) Meet with school coordinator to provide evaluation of trainee/intern’s work,  (4) Conform to state and federal labor laws,  (5) Have workers’ compensation under which trainee is covered (if paid experience),  (6) Schedule the student trainee/intern on periods of school assigned to Work-based Learning,  (7) Provide verification of work and attendance records,  (8) Assure work related experiences are offered to all students regardless of race, color, national origin, sex, or disability.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Cooperating Employer/Supervisor’s Signature Date* |
| **Trainee/Intern will**: (1) Strive to develop good work habits, (2) Maintain a high level of attendance/performance at school and at the work site (including seminars if internship), (3) Maintain a grade of “C” or higher in the class related to your work-based experience, (4) Submit work records to school coordinator on or before each due date, (5) Consult school coordinator, as well as the employer/business partner, about any problems, (6) Be at the internship site during periods released from school for work-based learning experience, (7) Maintain confidentiality as required of company employees.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Trainee/Intern’s Signature Date* |
| **Parent/Guardian will**: (1) Support the student’s participation in the Work-based Learning Program, (2) Assume responsibility for transportation as needed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Parent/Guardian’s Signature Date* |