

«Last\_Name»  
«UIC\_Code»

**«Placement\_SCH»**  
«Campus\_Address» • «Campus\_City», MI «Campus\_Zip»  
V: «Campus\_V» • F: «Campus\_F»

**«SCHYr»**  
School Year

## «EXP\_Type» Training Agreement

Student Information			
First Name: «First_Name»	<b>Emergency Contact #</b>		
Last Name: «Last_Name»	«St_EMEG_»		
Street: «St_Address»			
City: «St_City»	Zip Code: «S_Zip»		
Telephone: «Home_Tele»	Cell Phone: «St_Cell»		
Date of Birth: «Birth_Date»	Age: «Age»		
School ID: «UIC_Code»	Grade: «Grd»		
Email: «Stu_Email»			
Important Safety Information			
Student learners are required to use safety glasses and other required Safety devices pursuant to MI-OSHA requirements.			
Placement Information			
Duration: «Start_Date»	to	«Ending_Date»	
Experience Type: «EXP_Type»	Employment Type: «EmpType»	Wage: «Wage»	
Photo release: «M»			In-School Hours per day «S»
Job Title: «Job_Title»			
Week day	Start Time	Ending Time	Work Release Hours per day
Sunday	«SS»	«SE»	«O»
Monday	«MS»	«ME»	
Tuesday	«TS»	«TE»	Release Hours From School «RIs_HRs»
Wednesday	«WS»	«WE»	
Thursday	«RS»	«RE»	Legal MAX HRs per week «LM»
Friday	«FS»	«FE»	
Saturday	«US»	«UE»	
This placement cannot compute more than 50% of the student's FTE.			
Safety Training & Procedures			
<p>Safety of the student learner is our major concern, to the end we as a school district, ask for the employers to help us insure that safety procedures and policies are strongly adhered to. As a school district, we will provide basic work place safety instruction. This will include instruction on blood borne pathogens, safe work habits and fire safety. As a part of that instruction, we ask that the student learner use the following safety devices (<i>safety glasses, face masks, vinyl gloves, safety boots, work gloves, ear protection or respirators</i>) when requested by their employer or when warranted by MI-OSHA. The student's initials below attest that training has been provided and received. Documentation of all safety training and safety procedures for equipment use and tasks should be maintained in each student file.</p>			
Safety Training Date:			
Student & Coordinator Initials of School Required Safety Training			
Student Learner Initials		Plcmnt Coord Initials	

Employer Information	
Employer: «Employer»	
Street: «Employer_Address»	
City: «EM_City»	
Postal Code: «E_Zip»	
Telephone: «Telephone»	Fax: «Fax»
Supervisor: «Contact»	
WC Carrier: «Comp_Carrier»	
Policy No*: «Comp_Policy»	Exp:* «Cexp»
Liability Carrier: «L_Carrier»	
Policy No*: «L_Policy»	Exp:* «Lexp»
Program Related Instruction	
<p>The employer agrees to employ «First_Name» «Last_Name» who has successfully completed or is currently enrolled in «Related_Class» at «Placement_SCH» for the purpose of receiving training and experience for the following occupational area: «Occupational_Area»</p> <p><b>The trainee needs to work a minimum average of «CH» hours per week to earn educational credit. The undersigned agree to the terms and conditions of this agreement.</b></p>	
Persons Approving & Agreeing to this Learner Program	
Student Learner:	_____
	«First_Name» «Last_Name»
Parent / Guardian:	_____
<p><b>Employer:</b> Your signature below certifies that the employment of the student learner will conform to all federal, state and local laws &amp; regulations, including those that prohibit discrimination against the employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status or disability.</p>	
Employer / Supervisor:	_____
	«Contact»
Principal / Designee:	_____
Coordinator:	_____
	«Coordinator»
	Coordinator's Emergency contact number - «Ecnt»
Print Date:	«Print_Date»

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### Responsibilities for Student Participants:

- Transportation to and from the training site, for the duration of the practicum, is the student's responsibility.
- The trainee must maintain a passing grade in the related course to pass the work experience and remain in the program.
- All students participating in the «EXP\_Type» Program must be currently enrolled in a qualifying related course and working in a career area within their Career Pathway.
- Should a student fail the related course of study («Related\_Class»), at the end of the semester, they will lose credit for the «EXP\_Type» experience and will be removed from the program and any release time will be suspended.
- Any student who will be tardy or absent from the scheduled work time must notify their employer.
- Any student, who skips school, will have the «EXP\_Type» experience reviewed and may be removed from the program.
- Should any problems arise at work or school that may affect the student's placement, the student should notify the Career Prep /STW Coordinator immediately.
- Students are required to obtain permission from the Career Prep / STW Coordinator before quitting any «EXP\_Type» placement. Failure to do so may result in a failing grade for the semester.
- Secure a signed Training Agreement and have it on file with the Career Prep / STW Coordinator prior to the start of your «EXP\_Type» placement and to receive graduation credit.
- Should a student be removed from a «EXP\_Type» placement, they will be required to spend any release time in a school approved placement. Removal from the «EXP\_Type» placement may also result in a loss of credit.
- Students who are placed on a release schedule are expected to be working during these release hours.
- Students are required to complete weekly work hour reports to the Career Prep / STW Coordinator. Failure to complete these required hour reports, will result in the student failing the work experience.
- Students will adhere to all safety requirements specific to their placement as identified by MI-OHSA and their supervisor.
- Students who are absent from school are not permitted to work that day at their placement and must notify the employer.

I,  
«First\_Name»  
«Last\_Name»  
acknowledge  
that I have  
read and  
understand the  
program  
requirements  
for my  
placement.

Student  
Learner initials  
above

### Responsibilities for the Employer:

- The employer will provide the trainee with the broadest occupational experience in keeping with the job duties listed in the training plan and provide specific instruction on the use of any equipment or materials related to job duties. Documentation of this instruction should be maintained in the trainee's employment file.
- The employer will ensure the student learner's employment activity is supervised by an experienced and qualified person (work-based mentor), and will complete trainee performance evaluations and verify attendance as required.
- A written evaluation of student performance will be completed based on the performance elements/job skills listed on the attached training plan.
- The employer will provide a training site that is free of obvious hazards that could cause potential injury or harm to the student.

### Responsibilities for the School District:

- The placement relates to the student's career/education goals as outlined in their educational development plan (EDP).
- The certified teacher/coordinator makes the required visits to the worksite as outlined in the MI Pupil Accounting Manual guidelines.
- The student is regularly supervised by certified staff and provided instruction in areas of skill attainment and work safety.
- High school completion credit will be granted upon successful completion of the placement.
- Daily attendance is required.
- The program must not violate the Fair Standards Act and the Youth Employment Standards Act.

### Career Pathway

«Career\_Pathway»

**NOTICE OF DISCRIMINATION:** The Capstone WBL & School-To-Work Based Education Programs of «Placement\_SCH» affirm their commitment to carry out its Civil Rights obligation to eliminate discrimination and denial of services on the basis of race, color, religion, national origin of ancestry, age, gender, height, weight, marital status or disability in its programs, services, or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: «DCont», «DAddress», «DCity», MI «DPost», «DTele»

«TWebsite»

\* Denotes optional information.

**Note:** School districts may adapt these forms to meet their specific needs or requirements and to satisfy local Pupil Accounting requirements.

«Last\_Name»  
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«Campus\_Address» • «Campus\_City», MI «Campus\_Zip»  
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«SCHYr»

## «EXP\_Type» Training Plan

Student Information	
First Name:	«First_Name»
Last Name:	«Last_Name»
Street:	«St_Address»
City:	«St_City»
Zip Code:	«S_Zip»
Telephone:	«Home_Tele»
Cell Phone:	«St_Cell»
Date of Birth:	«Birth_Date»
Age:	«Age»
School ID:	«UIC_Code»
Grade:	«Grd»
School:	«Home_SCH»
Student Career Goal:	«Cr_Goal»

Type of Placement
Experience Type: «EXP_Type»
Employment Type: «EmpType»
Related Course: «Related_Class»
CTE Instructor Signature: _____ «Instr»
PSN Number: «Prog_SN»
CIP Code: «CIP_Code»
Student EDP is verified and attached (See accompanying pages)
Print Date: «Print_Date»

### Performance Elements (Specific Job Skills to be Learned)

The tasks listed below are for an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed for each 45 hours of placement.

Hours	Task
«D1»	«Tsk_1»
«D2»	«Tsk_2»
«D3»	«Tsk_3»
«D4»	«Tsk_4»
«D5»	«Tsk_5»
«D6»	«Tsk_6»

The tasks listed below are for non-CTE or state-approved CTE programs, the training plan must be developed from the related OCTP performance elements as posted on the following link: [www.michigan.gov/mdcd/0,1607,7-122-1680\\_2629\\_2733-145785--,00.html](http://www.michigan.gov/mdcd/0,1607,7-122-1680_2629_2733-145785--,00.html)

1. «Task\_1» «GenEd\_T1»
2. «Task\_2» «GenEd\_T2»
3. «Task\_3» «GenEd\_T3»
4. «Task\_4» «GenEd\_T4»
5. «Task\_5» «GenEd\_T5»
6. «Task\_6» «GenEd\_T6»
7. «Task\_7» «GenEd\_T7»
8. «Task\_8» «GenEd\_T8»
9. «Task\_9» «GenEd\_T9»
10. «Task\_10» «GenEd\_T10»