**Documentation Checklist**

**Student Name**: **Date**: \_\_\_\_\_\_\_\_\_\_\_

As a WBL student, you should have the following forms properly signed by the date given to you.

These forms are an IMPORTANT part of your Work-Based Learning experience.

You will be given a grade of 100 for turning in the forms signed by the due date.

**You will lose points for not returning the signed forms on time and you may lose your privilege of checking out for WBL if forms are not turned in.**

**ALL blanks should be filled in or use N/A if not applicable to you**.

**ALL signed and completed forms are due by**:

**The following items are in this packet:**

For Student & Parent:

 Student/Parent Information (1 page)

 Individual Career Plan (1 page) Job Information (1 page)

 Early Release Agreement (1 page)

 Insurance Verification Form (1 page)

For Employer (will be returned by Student to WBL Coordinator)

 Employer Letter & Workplace Safety Training Certification (1 page)

 WBL Training Agreement (3 pages)

 Initial Student Training Plan (1 page)

**Student/Parent Information Sheet**

First Name: Last Name: Grade: \_\_\_\_\_

Address: City: Zip Code:

Email Address:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date:

Emergency Contact Name: Phone Number:

With whom do you primarily live?

**Mother** First Name: Last Name:

Address: City: Zip Code:

Email Address:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father** First Name: Last Name:

Address: City: Zip Code:

Email Address:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian** First Name: Last Name:

Address: City: Zip Code:

Email Address:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Career Plan**

**Student Name**: \_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_

CTAE Concentration (check pathway which applies to your course of study)

O Agriculture

O Biotechnology

O Business & Computer Science

O Early Childhood Education

O Engineering & Technology O Other:

O Healthcare Science *(specify)*

O Advanced Academic

O Fine Arts/Performing Arts

What is your career goal? *(Ideally, it should be related to your pathway . . .)*

What post-secondary plans do you have following high school?

If applicable, list three post-secondary educational institutions you are considering:

1. 2. 3.

Where do you see yourself in 5 years, related to your education and/or career goals?

Where do you see yourself in 10 years related to your education and/or career goals?

**Job Information Sheet**

**Student Name**: **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Grade: \_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_\_\_\_

WBL Placement Category: EMP SKILLS INTERN COOP YAP

 *(the WBL Coordinator*

 *will complete this)*

**Please print the following information neatly:**

Business/Organization Name

Business/Organization Address:

Business/Organization City, State, Zip:

Business/Organization Phone:

Business/Organization FAX: \_\_\_\_\_\_\_\_

Supervisor/Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Mentor Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Mentor Phone:

Student Job Title:

Start Date of Employment:

Hourly Wage: $

Typical Work Days (ex. Mon-Fri):

Typical Work Hours (Ex. 4pm-8pm):

Average Hours Per Week:

Student CTAE Pathway: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Occupational Goal / Future Career Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Early Release Agreement**

**Student Name**: **Date**: \_\_\_\_\_\_\_\_\_\_\_

We are delighted your son/daughter has enrolled in the Work-Based Learning Program at Jasper County High School. We believe you will find the experiences your student has this year in the classroom and at the job site will be beneficial to him or her for the rest of his/her life. The purpose of this work-based learning program is to provide students the opportunity to connect what they learn in school with work-site application in order to enable a smooth transition into the work force and/or postsecondary education after graduation from high school.

As a member of the work-based learning program, your son/daughter will be leaving school in order to go to work. He/she will receive a unit of credit per release period for this program. It is the student’s responsibility to be in his/her other classes every day. He/she is not to go to work without attending school, nor go to school without going to work without prior approval from the work-site coordinator. The student is also responsible for following the attendance policy in the JCHS Student/Parent Handbook.

We look forward to a successful year working with your son/daughter. If you have any questions concerning the program, please don’t hesitate to call the Work-Based Learning Coordinator.

*It is understood that my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is being released from school for the purpose of working at a paying job or an unpaid internship. I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. In accepting the privilege of such a release, we agree to the following stipulations:*

* The parents/guardians will arrange and be responsible for transportation for the student to and from work.
* My child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work-based learning program.
* The school assumes no responsibility for the student's safety to/from the worksite nor on the worksite.
* The student will leave school immediately after release from class and/or not be on the campus during their WBL release periods unless under the supervision of a specific teacher and approved in advance.
* If, for any reason, transportation is unavailable on any day, the student will go directly to the WBL coordinator’s room and remain there until transportation becomes available.
* The student must continue employment and will notify the instructor if employment is not continued.
* Students are required to sign out upon leaving school and/or sign in upon arrival to campus for attendance reasons.
* If any of the above stipulations are violated or if the school considers termination of this privilege in the best educational interest of the student, the privilege may be revoked.

Parent/Guardian Name: \_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_ Date:

Student Signature: \_\_\_\_\_\_\_ Date: **Insurance Verification Form**

**Student Name**: **Date**: \_\_\_\_\_\_\_\_\_\_\_

I understand that my student must be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

**Student Driver’s License #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Automobile Accident Insurance:**

My student is covered by automobile accident insurance through the following provider:

Provider Policy Number

Address City, State, Zip

Name of Insured Phone Number

**Health Insurance:**

🞎 My child is NOT covered by health insurance, but I will assume responsibility for any costs related to

 medical treatment that may be needed OR

🞎 My student is covered by health insurance through the following provider:

Provider Policy Number

Address City, State, Zip

Name of Insured Phone Number

Parent/Guardian Name: \_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_ Date:

Student Signature: \_\_\_\_\_\_\_ Date:

**Employer Letter**

Dear WBL Supervisor or WBL Mentor:

On behalf of the Work-Based Learning (WBL) Program at Jasper County High School, I would like to thank you for your willingness to mentor and evaluate our students.

Before employment, there are a number of forms that the school must have on file for each student since they are receiving the same unit of credit for this course as English, Math, etc.

Each student **will need to you sign (1) this letter (with Safety Training Certification), (2) a Training Agreement, and (3) an Initial Student Training Plan.** The training agreement explains what is expected of all parties involved in WBL program, and the training plan identifies tasks that the student will be performing or learning on the job, so that proper evaluations can be made.

A student who is absent from school for the day shall not participate on the job that day, unless the coordinator has given prior approval. If a student is absent, you may receive a call from the work-based learning coordinator to confirm whether or not the student reports to work. Students have been informed that it is their responsibility to adhere to this policy and to give you advance notice of any absences. Our hope is that our WBL students will become more productive and dependable employees.

Periodically, the student or I will bring a job evaluation form to you to be completed (it will take approximately five minutes. Your comments about the student-employee are always important. Thank you in advance for your cooperation. I hope you will find that students in the Jasper County Work-Based Learning Programs do an excellent job for you. Please call if you have any questions.

Sincerely, Work: 706-468-5028

*Johnnie Sue Moore* Cell/Text: 706-318-9204

WBL Coordinator, Jasper County High School Email: jsmoore@jasper.k12.ga.us

**Workplace Safety Training Certification**

 \_\_\_\_(student name), a student in the work-based learning program at

Jasper County High School and an employee at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city) has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown to the student and that in the case of an emergency, the student has been given instructions on what to do to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or injury to others. The student agrees to follow all the safety rules and regulations of the current employer

Employer/Mentor Name: \_\_\_\_\_\_\_ Date:

Employer/Mentor Signature: \_\_\_\_\_\_\_ Date:

Student Signature: \_\_\_\_\_\_\_ Date:

Parent/Guardian Signature: \_\_\_\_\_\_\_ Date:

WBL Coordinator Signature: \_\_\_\_\_\_\_ Date:

**WBL Training Agreement** (page 1 of 3)

Student Name Student Job Title

Start Date of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Career Goal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_

Mentor Name \_\_\_\_\_\_\_\_\_\_\_\_\_ Title

Mentor Email Mentor Phone

**Purpose of Document:**

This document is an agreement between the student, parent, employer, and coordinator of WBL Program of Jasper County High School to carry out their responsibilities this school year.

**The student agrees:**

1. To be at least 16 years of age and to have a social security number.
2. To maintain a C average at school and have a good attendance record.
3. To demonstrate acceptable behavior at school and at the worksite.
4. To assist the WBL coordinator in finding an appropriate employment position related to the career focus area of the program and the career objective of the student
5. To provide transportation to and from the worksite
6. To clock-in with the WBL Coordinator each day using the agreed method (e.g. Clock-in App).
7. To arrive to work on time.
8. To NOT use his/her cell phone while at work.
9. To attend school and work regularly and not go to work without first going to school, or go to school without going to work, unless previously discussed with the WBL Coordinator. Failure to adhere to this policy may result in the student receiving appropriate academic and/or disciplinary action.
10. If a student will be absent from school or work, the Employer and the Work-Based Learning Coordinator should be notified as soon as possible, preferably before he/she is scheduled to attend work for that day. Absences should be limited to 5 or fewer per semester.
11. To inform the employer of any doctor and dentist appointments one day prior to that appointment.
12. To discuss aspects of employment with the WBL coordinator and the work-site mentor or supervisor – not with students, coworkers, etc.
13. To take criticism without resentment and learn from constructive criticism.
14. To be neat, clean, and dress appropriately for the work environment.
15. To give his/her best effort at all times by asking questions if he/she does not understand directions or if he/she needs more information to do my job.
16. To represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from employment due to negligence or misconduct, proved by school investigation, the student will risk being dropped from the WBL program and not receive academic credit.
17. To work a minimum of 5 hours per week for one work release block, 10 hours a week for two work release blocks, or 15 hours a week for three work release blocks.
18. To make employment changes only with the approval of the WBL coordinator. The WBL coordinator reserves the right to change the student’s employment situation if necessary.
19. To be evaluated by the WBL coordinator and the employer a minimum of once per grading period.

**WBL Training Agreement** (page 2 of 3)

1. To not file for unemployment benefits. Students employed through a work-based learning program are not eligible for unemployment compensation. However, if an employer employs a Work-Based Learning student beyond the last day of school for this school year, then that student should be treated as a regular employee and that student may file unemployment compensation based on current labor laws.
2. To submit to the WBL Coordinator a monthly record indicating total hours and salary earned.
3. To allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.

**The parents/guardians of the student agree:**

1. To encourage the student to effectively carry out his/her duties and responsibilities at both the school and place of employment.
2. To assume the responsibility for the conduct and safety of the student from the time leaving school until reporting to work; likewise, from the time he/she leaves his/her job until he/she arrives home.
3. To assume full responsibility for the student after dismissal from school, including days when he/she is not required to be on the job.
4. To understand that the student must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work-based learning program.
5. To provide transportation to and from work for the student.
6. To make inquiries concerning the student’s training, wages, or working conditions through the WBL Coordinator rather than directly to the employer.
7. To understand the attendance policy and that the student must attend school and work regularly and not go to work without going to school, nor go to school without going to work unless previously approved by the Work-Based Learning Coordinator.
8. To understand that the student is enrolled in the WBL program at Jasper County High School and that he/she will be dismissed from school at the end of his/her regular on-campus classes each day.
9. To offer assistance to the Work-Based Learning Coordinator, serve as a resource person, and/or aid in other ways that could benefit the school and the student.
10. To allow the release of your child’s student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.
11. To give permission for my child to be photographed and/or videotaped during school or work activities, and for such content to be displayed for educational and/or promotional means within the school and community in print publications, news media, and on online video platforms or social media.

**The Employer, Mentor, and/or Work-Site Supervisor agree:**

1. To provide a variety of work experiences for the student that contribute to his/her career objective.
2. To review the “Business Partner Handbook” about the WBL program and guidelines for student mentors.
3. To pay the student $ \_\_\_\_\_\_\_\_\_ per hour.
4. If applicable, to be willing to provide a progressive wage scale to all youth apprenticeship students.
5. To employ the student for a minimum of 5 hours per week per release period during the academic year.
6. To employ the student for the entire school calendar year (August 12, 2020 to May 26, 2021) unless other arrangements have been made with the Jasper County High School WBL Coordinator.
7. To adhere to policies and practices which prohibit discrimination on the basis of race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, level of responsibility, and pay.

**WBL Training Agreement** (page 3 of 3)

1. To provide instructional materials and occupational guidance to the student.
2. To evaluate the student, in consultation with the WBL Coordinator, at least once per grading period.
3. To adhere to all federal and state regulations including child labor laws and minimum wage regulations. Students employed through a work-based learning program are not eligible for unemployment compensation. However, if an employer employs a Work-Based Learning student beyond the last day of school for this school year, then that student should be treated as a regular employee and that student may file unemployment compensation based on current labor laws.
4. To adhere to income tax and Social Security withholding regulations.
5. WBL students may not be considered independent contractors and for IRS purposes cannot be issued an IRS Form 1099 unless the employer has provided proof to the WBL Coordinator their status under section 530 of the IRS Code.
6. To provide time for consultation with the WBL Coordinator concerning the student and to discuss with the WBL Coordinator any difficulties that may arise.
7. To inform the WBL coordinator before any disciplinary action is taken on the employment of the student.

**The Work-Based Learning Coordinator agrees:**

1. To assist in the academic and occupational instruction of the student.
2. To conduct supervisory visits to the student’s place of employment.
3. To render assistance with educational and training problems of the student.
4. To assist the work-based training mentor in an evaluation of the student’s performance a minimum of once per grading period.
5. To maintain records pertinent to the student, employer, and school.
6. To adhere to policies and practices which prohibit discrimination on the bases of race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, and levels of responsibility.

**All parties agree**:

1. That this agreement goes through the end of the academic school year and will not be terminated without the knowledge of all parties concerned.
2. That the student will work an average of five hours per week per release period. To receive course credit, all hours must be documented.
3. That the student will adhere to the school attendance policy. For inclement weather and school has been cancelled (partial or full day), unpaid students are not required to attend their internship. Paid students may make the decision with their parents whether to attend work or not.

Employer/Mentor Signature: Date:

Student Signature: Date:

Parent/Guardian Name:

Parent/Guardian Signature: Date:

WBL Coordinator Signature: Date:

 **Student Training Plan** Job/Internship

*(Employer & Student complete this together)* Start Date: \_\_\_\_\_\_\_\_

Student Name Student Job Title \_\_\_\_

Business/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Name Mentor Title \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

**To provide the best learning experience for the student-worker, the employer agrees to provide a variety of work experiences that will contribute to the attainment of their career objective.**

|  |  |
| --- | --- |
| **Employability and Soft Skills**1. Shows respect to employer and other co-workers.
2. Works well and cooperates with others.
3. Demonstrates effective leadership skills.
4. Maintains appropriate personal appearance and follows dress code policy of the business/organization.
5. Displays efficient time-management skills when completing tasks.
6. Demonstrates effective verbal and written business communications skills.
7. Reports to work promptly when scheduled.
8. Demonstrates responsible behavior.
9. Produces quality work.
10. Displays honesty and integrity.
 | **Please list specific job duties to be performed:**1.
2.
3.
4.
5.
6.
7.
8.
9.
 |

List any potential health/safety conditions related to this work assignment (Indicate “NONE” if no such conditions have been identified): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Requirements expected of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/Mentor Signature: \_\_\_\_\_\_\_ Date:

Student Signature: \_\_\_\_\_\_\_ Date:

Parent/Guardian Signature: \_\_\_\_\_\_\_\_ Date:

WBL Coordinator Signature: \_\_\_\_\_\_\_ Date: