



## WORK-BASED LEARNING TRAINING PLAN AND AGREEMENT

**NON-CTE/IDEA PROGRAM**

**SCHOOL YEAR:** \_\_\_\_\_

**STUDENT/LEARNER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Student UIC Number: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

**SCHOOL DISTRICT INFORMATION**

District Name: Traverse Bay Area ISD District Address: 880 Parsons Road, Traverse City, MI 49686  
 District Training Coordinator Name & Phone Number(s): \_\_\_\_\_  
 TBAISD Liability Insurance Carrier – Verified  Insurance Carrier: \_\_\_\_\_  
 School Name: \_\_\_\_\_ School Address: \_\_\_\_\_  
 Certified Teacher Name: \_\_\_\_\_ Teacher Contact Number: \_\_\_\_\_

**TRAINING SITE INFORMATION**

Legal Name of Training Site: \_\_\_\_\_  
 Name of Training Site: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address of Training Site: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Workers Disability Carrier: \_\_\_\_\_  
 Liability Insurance Carrier: \_\_\_\_\_

**PLACEMENT INFORMATION**

Type of Placement (Check One):  Paid  Unpaid  Volunteer  
 ➤ IF PAID, Hourly Rate: \_\_\_\_\_ Per Hour Other: \_\_\_\_\_  
 ➤ IF UNPAID, Assurance check:  Training experience cannot exceed 45 hours in TOTAL  
 ➤ IF VOLUNTEER, Assurance check:  Location is a Qualified Non-Profit  
 This placement is for (check one):  Six Weeks  Semester  School Year  Other: \_\_\_\_\_  
 Anticipated Date Training Begins: \_\_\_\_\_ Anticipated Date Training Ends: \_\_\_\_\_

**ANTICIPATED HOURS TO BE WORKED**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIME IN:							
TIME OUT:							

Appropriate safety instruction has been provided by the school and/or employer:  Yes *Initials of Certified Teacher:* \_\_\_\_\_  
 Date(s) of Safety Training: *Above start date, and ongoing as necessary throughout the training experience.*

❖ Cannot compute to more than ½ of the pupils FTE      ❖ For Students under age 18, work cannot exceed 24 hours per week

**NOTE** - If this were a state approved CTE Program, the training plan must be developed from the related OCTP performance elements as posted on the attached link: [http://www.michigan.gov/mde/0,4615,7-140-2629\\_53968---,00.html](http://www.michigan.gov/mde/0,4615,7-140-2629_53968---,00.html)

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
 Training Site: \_\_\_\_\_ Training Start Date: \_\_\_\_\_

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TRAINING JOB TITLE: \_\_\_\_\_

- Verified Existence of *CURRENT* Individualized Education Plan (IEP):  Yes  No
  - ✓ The Student's goals, as outlined in the Individualized Education Plan (IEP) must relate to the placement as detailed on the Work-Based Learning Training Agreement.

**GOAL(S) RELATED TO WORK-BASED LEARNING PLACEMENT:**

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**THE FOLLOWING ARE THE PERFORMANCE ELEMENTS/JOB SKILLS THAT CONTRIBUTE TO THE PUPIL'S PROGRESS TOWARDS THEIR WORK-BASED LEARNING OBJECTIVES. THESE PERFORMANCE ELEMENTS/JOB SKILLS WILL BE USED TO ASSESS/EVALUATE THE STUDENT'S PROGRESS:**

Student trainees will be expected to attempt and/or perform the following entry-level standards consistently:

- ✓ Demonstrate the ability to be on time and at work for their scheduled shift
- ✓ Maintain expected grooming/uniform standards
- ✓ Maintain a positive work attitude
- ✓ Perform steady, quality work
- ✓ Strive to increase pace
- ✓ Ask questions when they need help or clarification
- ✓ Communicate their needs to job coach and/or designated onsite mentors
- ✓ Interact appropriately with job coach, co-workers and the public
- ✓ Other Skills as identified:

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## STUDENT RESPONSIBILITIES

1. Students will adhere to all safety requirements specific to this placement as identified by MI-OHSA and their Supervisor.
2. Any Student who will be tardy or absent from the scheduled work time should notify the person(s) they are instructed to contact.
3. Any Student who fails to meet school or workplace attendance policies or uphold standards of conduct, will have the work-based learning placement reviewed and may be removed from the training.
4. Should any problems arise at work or school that may affect the Student’s placement, the Student should notify their Teacher or Training Coordinator immediately.
5. Students are required to obtain permission from their Teacher or Training Coordinator before quitting any work-based learning placement.

## SCHOOL RESPONSIBILITIES

1. The placement relates to the Student’s career/education goals as outlined in their current Individualized Educational Plan (IEP), or their Education Development Plan (EDP), or their Transition Plan.
2. A Certificated Teacher, employed by the Student’s school, makes at least one visit, every thirty days, to the training site.
3. Student is provided instruction in areas of skill attainment and work safety.
4. Attendance is monitored and recorded.
5. The program must not violate the Fair Labor Standards Act and the Youth Employment Standards Act.
6. School will provide copies of current District General Liability & Worker’s Compensation Insurance to host-employer for their records.

## EMPLOYER RESPONSIBILITIES

1. Host-employer will provide a supportive environment for the Student learner to become familiar with the duties and expectations associated with working in their place of business.
2. Support and monitor safety training and regulations for their business setting.
3. Allow for regular visitation & training by Teaching and Career Education Staff.
4. Communicate concerns or observations, should they arise, to Career Education Staff, Training Coordinator or Teacher.
5. Identify employee(s) who may serve as a Mentor to the Student learner.
6. Provide copies of current General Liability & Worker’s Compensation Insurance to Training Coordinator for records.
7. Employer will conform to all federal, state and local laws and regulations, including those that prohibit discrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status or disability.

**NOTICE OF NONDISCRIMINATION:** *The Traverse Bay Area Intermediate School District (TBAISD) Board of Education declares it to be the policy of this District to provide an equal opportunity for all Students, regardless of race, color, creed, age, disability, religion, gender, ancestry, national origin, place of residence within the boundaries of the district, or social or economic background, to learn through the curriculum, programs, services or activities offered in the Traverse Bay Area Intermediate School District.*

***We, the undersigned, understand and agree to our role in this Work-Based Learning Training Plan and Agreement.***

X \_\_\_\_\_  
**Student Signature** Date

X \_\_\_\_\_  
**Parent/Guardian (if student has a guardian) - Printed Name & Signature** Date

X \_\_\_\_\_  
**Student’s Certificated Teacher - Printed Name & Signature** Date

X \_\_\_\_\_  
**District Transition OR Career Education Coordinator - Printed Name & Signature** Date

X \_\_\_\_\_  
**Principal or Designee - Printed Name & Signature** Date

X \_\_\_\_\_  
**Employer Representative - Printed Name & Signature** Date