Appoquinimink School District
THE WORLD IS OUR CAMPUS

Work-Based Learning On-Site Training Agreement

Type of Agreement: Practicum (unpaid)

Student Information

Name: _____ Email Address: _____
Address: _____ Cell Phone: _____
City, State, Zip: _____ Are you 18 years old? Yes DOB: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____
Pathway: _____ High School: _____

Employer Information

Company Name: _____ Student Job Title: _____
Contact Person: _____ Phone(s): _____
Address: _____ If Paid, Pay Rate: _____
City, State, Zip: _____ Email: _____
Supervisor: _____ Type of Business: _____
Duration of Work-Based Learning Experience: From _____ To _____
Describe nature of work that student will perform: _____

A work-based learning program has been established between the ASD, the employer listed herein, and the above-named student. Before the work-based learning experience begins, each student must have, completed and submitted to the school, a State Employment Certificate (working papers), and a WBL Training Agreement.

IMPORTANT NOTE: *Students in an off-site placement must continue to perform the student daily self-screener before their assignments and/or school. If you are notified by your supervisor about positive cases, contact the school nurse immediately for investigation and do not report to school.*

The training agreement provides:

a. that the work of the student-learner in the occupations declared particularly hazardous shall be incidental to the training,
b. that such work shall be intermittent and for short periods of time, and under the direct and close supervision of a qualified and experienced person,
c. that safety instruction shall be given by the school and correlated by the employer with on-the-job training,
d. that a schedule of organized and progressive work processes to be performed on the job shall have been prepared.

Student agrees to:

a. demonstrate acceptable behavior at school and at the worksite.
b. follow the Appoquinimink School Code of Conduct at school and at the worksite.
c. provide transportation to and from the worksite if necessary.
d. attend work every day that they are scheduled to report and to arrive on time.
e. immediately contact the employer AND the Work-Based Learning Specialist if you are unable to report to work on any given day.
f. NOT use my cell phone excessively or at an inappropriate time while at work.
g. be neat and clean in appearance and to dress in accordance with school and worksite requirements.
h. recognize that any breach of confidentiality is grounds for immediate dismissal from the program.
i. always follow safety precautions on the worksite.
j. report any problems to the employer & Work-Based Learning Specialist.
k. comply with the policies and procedures and rules and regulations of employer.
l. concentrate on the instructions, I am receiving from my employer, and to record important details as I receive my instructions.

m. give my best effort at all times by asking questions if I do not understand directions or if I need more information to complete my job.
n. always demonstrate honesty, punctuality, courtesy, and a willingness to learn.
o. be evaluated by the employer as well as the Work-Based Learning Specialist multiple times throughout the placement.
p. notify the Work-Based Learning Specialist immediately if you are laid-off, fired, or quit your placement.

Student's Signature: _____Date: _____

Student WBL/Capstone goals for the Project:
_____

_____

Parent/Guardian agrees to:

a. **never contact their child's employer or supervisor directly**. All inquiries should be directed to the Work-Based Learning Specialist.
b. provide transportation to and from the worksite for their student if necessary.
c. encourage their student to carry out effectively his/her duties and responsibilities at home and at the worksite.
d. understand that their student must be covered by automobile insurance in order to drive to and from work if transportation is necessary and to participate in the Appoquinimink School District Work-Based Learning Program.
e. understand that their student must attend school and work regularly and not go to work without going to school or go to school without going to work unless previously approved by the Work-Based Learning Specialist.
f. consent to employer specific Human Resources training and orientation required for employment.

Parent/Guardian's Signature: _____Date: _____

Employer/Supervisor agrees to:

a. provide a work-based learning experience and supportive supervision for the length of the agreement.
b. avoid subjecting the student to any unnecessary hazards or allowing them to perform any activity which may be against national laws, or laws of the State of Delaware.
c. assist the Work-Based Learning Specialist by providing honest evaluations of student performance at the worksite.
d. adhere to all federal and state regulations regarding child labor laws and minimum wage regulations.
e. notify the Work-Based Learning Specialist if the student's performance becomes unsatisfactory, the employment is in jeopardy, or if the student's employment is terminated for any reason.
f. ensure that student is covered by Worker's Compensation (if paid employment).
g. not displace a regular worker who is currently employed.
h. scheduled job site evaluations by the Work-Based Learning Specialist.
i. be an Equal Opportunity Employer and will not discriminate or deny services on the basis of race, color, national origin, gender, disability, and/or age.

Employers should refer to https://dia.delawareworks.com/labor-law/child-labor.php for additional information or contact the Work-Based Learning Specialist.

Employer/Supervisor's Signature: _____Date: _____

School agrees to:

a. provide workforce readiness training prior to placing students at a work site.
b. support the student in meeting the requirements of the work-based learning program.
c. place students in appropriate work-based learning programs.
d. conduct supervisory visits at the student's place of employment.
e. maintain records pertinent to the student, the employer, and the school.

Pathway Instructor's Signature: _____Date: _____

School Administrator's Signature: _____Date: _____

Work-Based Learning Specialist's Signature: _____Date: _____