

# Work-Based Learning (WBL) Plan and Agreement

| Student Information                                                                                |                                              |                           |  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------|--|
| Student Name:                                                                                      |                                              |                           |  |
| Last                                                                                               | First                                        | M.I.                      |  |
| Phone Number:                                                                                      |                                              |                           |  |
| Email:                                                                                             |                                              |                           |  |
|                                                                                                    |                                              |                           |  |
| <b>Previous North Valley Coursework</b>                                                            |                                              |                           |  |
| Program Area: Automotive Technolo                                                                  | ·                                            | Business/Marketing        |  |
| (check all that apply) Construction FAC                                                            | CS Health Science                            | IT Welding/CDL            |  |
| List all courses passed:                                                                           |                                              |                           |  |
|                                                                                                    |                                              |                           |  |
|                                                                                                    |                                              |                           |  |
| Work-Based Learning Experience Information                                                         | n                                            |                           |  |
| Which program area best aligns with this place                                                     |                                              |                           |  |
| Automotive Technology Agriculture I FACS Health Science                                            | Education Business/Marketing  IT Welding/CDI | Construction              |  |
| Credit Hours: 1 2 3                                                                                | 4 welding/CDI                                |                           |  |
| Please briefly describe the primary tasks or responsibilities you will perform at the worksite.    |                                              |                           |  |
| Thease officing describe the primary tasks of re                                                   | sponsibilities you will perior in at the     | WOI KSILC.                |  |
|                                                                                                    |                                              |                           |  |
|                                                                                                    |                                              |                           |  |
| What specific skills or competencies do you hope to gain through this experience? List at least 3. |                                              |                           |  |
|                                                                                                    |                                              |                           |  |
|                                                                                                    |                                              |                           |  |
|                                                                                                    |                                              |                           |  |
|                                                                                                    |                                              |                           |  |
| <b>Business Information</b>                                                                        |                                              |                           |  |
| <b>Business Name:</b>                                                                              |                                              |                           |  |
| Business Address:                                                                                  |                                              |                           |  |
| Street Addre                                                                                       | ess City, State                              | Zip                       |  |
| XX/ 1 */ N// / XI 1/T*/I                                                                           |                                              |                           |  |
| Work-site Mentor Name and Title:                                                                   |                                              |                           |  |
| Copy of Mentor's Federal Background Check Provided*: Yes No                                        |                                              |                           |  |
| <b>Work-site Mentor Phone Number:</b>                                                              | Work-site Mentor E-mail:                     | Work-site Mentor E-mail:  |  |
| Student Work Schedule (Days and Hours):                                                            | Total Hours Per Week: Rate                   | e of Pay (if applicable): |  |
|                                                                                                    |                                              |                           |  |

### The employer agrees to:

- take an active part in the training and supervision of the student while providing instruction in accordance with the WBL Plan and Agreement
- provide safety training as required by OSHA
- assist the teacher/coordinator in the evaluation of the student's performance on the job by completing the necessary evaluation forms, when required
- provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards
- give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations of the business
- comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age
- comply with all laws regarding wages and hours of minors and student learners
- contact the teacher/coordinator prior to the student's dismissal from employment
- pay the student/trainee when an employer/employee agreement is negotiated
- maintain confidentiality of student information in accordance with state and federal law

### The student agrees to:

- be courteous and considerate of the employer, co-workers, and others
- keep the employer's best interest in mind and to be punctual, dependable and loyal
- notify the employer and the coordinator as soon as possible if they are not able to attend work and/or school
- keep such records of work experiences and wages (if applicable) earned as required by the school and submit them on or before specified deadlines
- conform to the policies, procedures and regulations of the employer and the school
- maintain a satisfactory performance level while on the job
- abide by the WBL Plan and Agreement developed by the teacher, coordinator, and employer

## The parent/guardian agrees to:

- accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home
- support the concepts of WBL
- abide by the WBL Plan and Agreement for hazardous occupations, when applicable

#### The school/coordinator agrees to:

- revise the WBL Plan and Agreement as needed to improve the student's work experience
- visit the student on the job as often as appropriate to determine instructional needs and to ensure that the student receives job training and supervision, as well as a variety of job experiences
- maintain confidentiality related to the information gathered from the company/business
- adequately train and prepare the student for success, prior to the WBL placement

| Signatures                                                   | Date |
|--------------------------------------------------------------|------|
| Employer:                                                    |      |
| Student:                                                     |      |
| Parent/Guardian:                                             |      |
| School Administrator:                                        |      |
| Molly Zahradka, Career Pathways Coordinator at North Valley: |      |

<sup>\*</sup>Background check not required; however, parent/guardian will be informed. Parent/Guardian signature serves as approval.