



Work-Based Learning Training Agreement

Non-CTE Program Training Agreement /IDEA Program

SCHOOL YEAR: _____

STUDENT/LEARNER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ Telephone Number: _____

Birth Date: _____ Emergency Contact Name/Phone: _____

SCHOOL DISTRICT INFORMATION

District Name: Northwest Education Services District Address: 880 Parsons Road, Traverse City, MI 49686

District Coordinator Name & Phone Number(s): Mimi Kinney (231) 649-6329 OR Jana Dickman (231) 922-6557

North Ed Liability Insurance Carrier - verified Insurance Carrier: SET SEG Policy Number: PC-00176-200807

School Name: _____ School Address: _____

_____ Certificated Teacher Name & Phone Number(s): _____

EMPLOYER INFORMATION

Legal Name of Business: _____

Name of Training Site: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Worker's Disability Carrier: _____ Policy No: (local determination)

Liability Insurance Carrier: _____ Policy No: (local determination)

PLACEMENT INFORMATION

Type of Placement (check one): PAID UNPAID VOLUNTEER

Avg. Hours Per Pay _____ Max Hours per Week _____ IF PAID, Starting Wage: _____

IF VOLUNTEER, assurances checked: Qualified Non-profit NOT for pay NOT for credit

This placement is for (check one): six weeks marking period semester school year other _____

Training Job Title: _____

Anticipated date Training Begins: _____ Anticipated date Training Ends: _____

Anticipated hours to be worked: (If UNPAID – training experience cannot exceed 45 HOURS in total)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Appropriate safety instruction has been provided by the school and/or employer: _____ (initials of provider)

Date(s) of Safety Training: **Above start date, and ongoing as necessary throughout the training experience.**

*Cannot compute to more than ½ of the pupil's FTE. ** For Students under age 18, work cannot exceed 24 hours per week

Number of credit hours to be granted (if applicable): *n/a*

Name of Related Academic Course (if applicable): *n/a*

TRAINING PLAN

IN ORDER FOR THIS TRAINING AGREEMENT TO BE VALID, A RELATED TRAINING PLAN FOR THE PUPIL BEING PLACED MUST BE ATTACHED OUTLINING THE SPECIFIC PERFORMANCE ELEMENTS/JOB SKILLS THAT THE STUDENT WILL BE LEARNING. ■ Attached

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.
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 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. Provide copies of current District General Liability & Worker’s Compensation Insurance to employer for their records.

EMPLOYER RESPONSIBILITIES

1. 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: Northwest Education Services 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 Northwest Education Services.

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

X _____
Student Signature Date

X _____
Parent/Guardian Printed Name & Signature (if student has a guardian) 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