

WORKSITE LEARNING

Checklist

Complete the following and submit to your teacher as soon as possible. You will **NOT** be able to begin counting hours until the paperwork is in and your teacher is able to make a site visit for approval. The paperwork must be in **BEFORE** the site visit can occur.

The following must be returned to **BEGIN** the course:

- Information Sheet
- Parent/Guardian Consent
- Worksite Learning Agreement
- New Employee Orientation
- Private Vehicle Form
- My Post-High School Plan
- Parent School Authorization (Students who are working **ONLY**)

The following must be submitted weekly:

- Paycheck Stubs (Students who are working **ONLY**)
 - Submit a copy of your paystub each time you are paid
- Volunteer Time Report (Volunteer and Intern students **ONLY**)
 - Record your hours until you have 30 hours and then submit to teacher, you will need to do this three times to = 90 hours

Cascade High School

WorkBased Learning: Work, Internship & Volunteer

John Barhanovich

Email: jbarhanovich@everettsd.org

Phone: 425.385.6000

Office: Library



Parent/Guardian, I look forward to partnering with you in the education of your child. It is important to me that you be well informed and an active participant in the educational experience of your student. Therefore, please complete the information below. I am requesting this information in an effort to increase communication with you about what is happening in the course. Please make note of my contact information above so that you too can reach me about any concerns or questions you may have. In addition, I am having your student register with Remind 101. This is a free service for teachers and students to stay connected through texting.

Student Name (please print): _____

Student's Email: _____

Student's Cell Phone: _____

Parent Signature: _____

Parent Email: _____

Phone Number: _____



Worksite Learning Parent/Guardian Consent

Cooperative Work-based Learning

Instructional Worksite Learning

CTE Coordinating Course: _____

Student Information

Name: _____ Student ID: _____ School: EHS

Mailing Address: _____
Street City State Zip

Student Phone: _____ Parent Phone: _____ Birthdate: ____/____/____

Current Age: _____ Sex: _____ Grade: _____ Career Pathway : _____

Worksite Information

Company Name: _____

Company Address: _____
Street City State Zip

Medical and Insurance Information

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

List any Medications: _____

List any Allergies: _____

Student has medical/accident insurance: _____ YES _____ NO (if YES, complete next question)

Name of Medical Insurance Carrier: _____ Phone: _____

Student Transportation: How will the student get to the Worksite?

Public Transportation Walk Own Car* Parent/Guardian Car* Other* (specify) _____

(*Must include Everett School District *Private Vehicle Travel Authorization Form PD-2*)

Understanding:

The parents, student and prospective learning site supervisor understand that the student will perform work related learning activities. School personnel may not be present when the student is on site. Each party shall defend indemnify and hold the other party, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorneys fees, arising out of injuries and damages caused by each party's own negligence.

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity. My signature reflects my knowledge of the details of the activity.

SIGNATURES: These signatures authorize emergency medical treatment and permission to participate in the activity.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teacher/Coordinator: John Barhanovich Phone: 425.385.6000

The employer assures compliance with state and federal guidelines and regulations regarding nondiscrimination against any employee/student on the basis of race, creed, color, national origin, sex, sexual orientation, marital status, age, veteran status, or disability in recruitment, hiring, placement, assignment tasks, hours of employment, levels of responsibility, and pay. Harassment of any employee/student with regard to race, creed, color, national origin, sex, sexual orientation, marital status, age, or disability is strictly prohibited



Worksite Learning Agreement

Name: _____ Student ID: _____ Birthdate: ____/____/____

Career Pathway : _____ Career Goal: _____

Worksite: _____ Supervisor: _____

Student Position _____ Proposed Hours per Week _____ Total Hours _____

I. Student Responsibilities: *(Failure to comply with any of the following may result in termination from the program.)*

1. Keep regular attendance at school and on the job, notifying the employer of any anticipated absences. If the trainee is absent from school, he/she must be absent from work unless other arrangements have been made with the Coordinator
2. Abide by all state, federal, business site, and school rules and regulations
3. Demonstrate honesty, punctuality, cooperation, confidentiality, and respect for others
4. Submit verified documentation of hours at the learning/training site to the WBL Coordinator and complete the necessary forms for school credit purposes as required
5. Inform the site supervisor and/or WBL Coordinator of any problems, concerns, accidents/injuries immediately
6. Abide by the dress code of the learning/training site

II. Parent/Guardian Responsibilities:

1. Provide support for the student's active participation, punctuality, and personal growth in the program
2. Assume responsibility and liability for student transportation while traveling to and from the worksite
3. Complete a release of student and/or medical records (see prequalifications checklist)

III. Worksite Learning (WBL) Site Responsibilities:

1. Comply with Federal and State Labor and Industry regulations, **as well as state Worksite Learning standards and school district policies**
2. Provide orientation (i.e. safety policies, and procedures) and job specific training
3. Conform to federal laws prohibiting discrimination on the basis of race, color, national origin, sex, or disability
4. Provide a safe working environment and report any student accidents and injuries
5. Consult with the WBL Coordinator concerning the student's learning plan
6. Verify attendance and/or time records and provide feedback regarding performance and skill attainment
7. Maintain liability insurance
8. Supervise students while on business premises and monitor employees who have direct contact with students
9. The student will in no way violate any collective bargaining agreement between the business and regularly scheduled employees

IV. Everett Public Schools Representative Responsibilities:

1. Secure all paperwork, including a training plan, before credit and/or grades are issued
2. Inform students of basic worksite safety and minor work laws
3. Consult with the WBL Site Representative to evaluate student performance **as per the student learning plan**
4. Document all accidents and injuries
5. Make regular site visits to monitor student performance

Each party shall defend, indemnify and hold the other party, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of injuries and damages caused by each party's own negligence.

The employer assures compliance with state and federal guidelines and regulations regarding nondiscrimination against any employee/student on the basis of race, creed, color, national origin, sex, sexual orientation, marital status, age, veteran status, or disability in recruitment, hiring, placement, assignment tasks, hours of employment, levels of responsibility, and pay. Harassment of any employee/student with regard to race, creed, color, national origin, sex, sexual orientation, marital status, age, or disability is strictly prohibited.

Student

Parent/Guardian

Student Signature

Parent/Guardian (print) Signature

Student home address and zip code

Parent/Guardian address and zip code

Student home telephone number

Parent/Guardian home telephone Parent /Guardian work telephone

Employer

Teacher/Coordinator

Employer name (print) Signature

Ms. Jennifer Chambers

Teacher/Coordinator (print) Signature

Name of business

CASCADE HIGH SCHOOL

Name of high school

Business address and zip code

801 East Casino Road, Everett WA. 98203

Teacher/Coordinator address and zip code

Telephone number Email

425.385.6000

Teacher/Coordinator telephone number

Student _____ **Date:** _____

Worksite _____ **Supervisor** _____

Directions: Please select the new employee orientation items that are covered upon hiring new employees. Be sure that your student employee obtains information about the following factors in regards to your company practice.

Company Orientation

- _____ Give student copies of printed materials.
- _____ Explain the company's history.
- _____ Describe the company's product line(s).
 - Discuss company policies and procedures regarding:
 - _____ a. Hours of operation/work
 - _____ b. Overtime policies
 - _____ c. Pay periods
 - _____ d. Vacation/policy
 - _____ e. Holiday policy
 - _____ f. Appropriate dress and grooming
 - _____ g. Safety rules
 - _____ h. Emergency procedures
 - Evacuation procedures
 - How to report work place injuries
 - _____ i. Procedures for absence
 - _____ j. Parking
 - _____ k. Procedures for arrival
 - _____ l. Procedures for departure
 - _____ m. Policies about telephone usage
- Describe employee benefits such as:
 - _____ a. Discounts
 - _____ b. Educational assistance

Department Orientation

- _____ Describe the relationship of the department to the company.
- Discuss specific departmental rules including:
 - _____ a. Breaks
 - _____ b. Work schedules
 - _____ c. Days off
 - _____ d. Presence of food at workstation
- _____ Introduce co-workers.
- _____ Explain job responsibilities of co-workers.
- _____ Identify training sponsor.

Job Orientation

- _____ Show student her/his workstation.
- _____ Describe student's responsibilities.
- _____ Explain the importance of the student's responsibilities to the organization.

Site Sponsor Signature

Student Signature

WB Coordinator Signature

EVERETT SCHOOL DISTRICT

PRIVATE VEHICLE TO AND FROM DISTRICT ACTIVITIES

THIS FORM MUST BE COMPLETED BEFORE A STUDENT IS ALLOWED TO TRAVEL IN A PRIVATE VEHICLE TO AND FROM DISTRICT ACTIVITIES

(Separate form to be completed by both driver and passenger)

TO BE COMPLETED BY DISTRICT

ACTIVITY (IES): Worksite Learning

LOCATION: Job Site

DATES: September 2013 – August 2014

District Transportation Available? Yes No

Principal's Signature _____ Date _____

TO BE COMPLETED BY STUDENT AND PARENT OR GUARDIAN

DRIVER: _____ AGE: _____

PASSENGER(S): _____ AGE: _____

TYPE OF LICENSE: INTERMEDIATE REGULAR AGE: _____

DATE OF ISSUE: _____ AGE: _____

I grant permission for _____ to travel to and from the activity described above by
(Student's Name)
private vehicle.

I understand that when a private vehicle is used for transporting students to and from District activities, the private operator or registered owner is responsible for carrying vehicle insurance with liability limits not less than the minimum required by the State of Washington, maintaining the vehicle in safe working condition and operating the vehicle within the rules set by the State of Washington.

I understand that when a private vehicle is used to transport students to and from District-sponsored activities, the private vehicle owner's insurance provides primary insurance coverage in case of an accident.

I agree to protect, indemnify, and hold harmless the Everett School District, its elected and appointed officials, employees, agents and staff for any and all claims or less directly attributable to the use of private transportation as described herein, except for the sole negligence of the Everett School district.

I certify that I am the parent or legal guardian of _____ and that I have read and
(Student's Name)
understood the above information.

Signature of Parent/Guardian _____ Phone Number _____ Date _____

I am a student at _____ and I have read and understand the above information.
(School)

Signature of Student _____ Phone Number _____ Date _____

This form to be on file at the student's home school

If any changes occur, it is the responsibility of the student and parent to contact the school.

My Career Pathway(s): *(Circle applicable pathways)*

- ◆ Technical
- ◆ Business Operations
- ◆ Marketing and Management
- ◆ Arts and Communication
- ◆ Social & Human Services
- ◆ Science

What career do you plan to pursue after high school?

Training/Education Plan:

- I plan to enter a vocational/trade/business school or technical program this summer or next fall.
Which school? _____ Which program? _____
- I plan to enter a two-year community college transfer program this summer or next fall.
Which community college? _____
Which program? _____
- I plan to enter a four-year college this summer or next fall.
Which college or university? _____
College major? _____
- I plan to enlist in the following branch of the military: _____
- I plan to enter an apprenticeship program soon after graduation.
Which apprenticeship? _____
- I plan to work full-time after high school before making a decision about further training or education.
- I do not plan to pursue further education or training after high school.
- I am still deciding.
- Other: _____
(Example: church mission, volunteer program, etc.)