



# Work-Based Learning Experience Agreement

This form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of this form must be kept on file at the school after placement.

Additionally, copies of the WBL Personalized Learning Plan can be uploaded to the student learner's Individual Plan of Study (IPS) electronic portfolio. Students who participate in work-based learning will complete a Work-Based Learning Experience Agreement for all Unpaid/Paid Experience(s) through the Olathe Public Schools District.

Business Partners will be able to download the form to have the Emergency Contact information in the event of an emergency.

<b>Student Information</b>	
Student name: _____	Phone: _____
Address: _____	Email: _____
City: _____ Zip: _____	High School: _____
	Grade Level: _____

<b>Parent/Guardian/Emergency Contact Information 1</b>	
Parent/guardian name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City: _____ Zip: _____	Cell Phone: _____
	Email: _____

<b>Parent/Guardian/Emergency Contact Information 2</b>	
Parent/guardian name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City: _____ Zip: _____	Cell Phone: _____
	Email: _____

<b>Experience Information</b>	
Placement Site: _____	Site Supervisor: _____
Address: _____	Phone: _____
City: _____ Zip: _____	Email: _____
<input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer	Start date: _____
Class hours: _____	End date: _____

To participate in the program, all parties must agree to the following:

**Students will:**

- Carry out my experience in such a manner as to reflect positively upon the school and myself.
- Follow Olathe District Schools Student Code of Conduct.
- Abide by all school, employer and coordinator policies, including being on time, following directions and follow-through on preparation and work/experience assignments.
- Avoid conducting personal business at the training site. This includes personal telephone calls, texts, and having visitors.
- Agree to observe work site rules of conduct, personal appearance and dress code.
- Agree that all matters of business are confidential and must be held in the strictest confidence.
- Arrange for transportation to and from experience. **(Must have parental permission form signed.)**
- Submit verification of work hours each week.
- Maintain average or above-average grades in all classes.
- Maintain regular work site attendance, with a goal of 95% or higher per quarter. Failing to meet the minimum requirement may result in being placed on probationary status or terminated from the WBL Experience.
- Promptly inform employer, teacher, WBL Facilitator, and school of any absence due to sickness, home school activity, or other reasons for absence.
- Notify the coordinator or my employer in a timely manner of any problems. Promptly report any work-related injury or illness sustained while participating in the program to the Worksite Supervisor and School DistrictCoordinator/Teacher.
- Agree that if for any reason I am suspended from the school, I will not be permitted to attend the WBL Experience during the time of suspension and understand I am still responsible for meeting the required number of hours for the experience.
- Understand that any performance rating by the coordinator, along with other measures, will be used to determine my grade.
- Understand that the school coordinator will consult with my Worksite Supervisor about school and work site absences and my ability to follow the two-week notification for conflicts and calling in.
- Understand that enrollment in this program is an elective and that non-compliance with the rules for this specific program will result in termination from the program and possible loss of credit.
- As a participant in the Work-Based Learning Experiences, I acknowledge that I have been informed that I may come into contact with privileged information while at the experience site. I hereby understand and agree that I will not divulge any privileged or confidential information to anyone including friends, classmates and relatives. If I break this promise, I will be subject to disciplinary action, including termination of my participation in the experience and will be responsible for damages arising from any irresponsible actions on my part.

**Student Verification**

I have read and agree to the Student responsibilities listed above to participate in the WBL experience.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian will:**

- Support student learner expectations as listed in the above Student Learner Agreement section.
- Encourage student to abide by all school, employer and coordinator policies, including being on time, following directions and follow through on preparation and work/experience assignments.
- Assume responsibility to maintain current medical coverage for their son/daughter.
- Assume responsibility and liability for the student while traveling to, from and during the work experience and provide transportation where necessary. If the student is driving, see that he/she has a current driver's license and insurance.

**Parent/Guardian Verification**

I have read and agree to the Parent/Guardian responsibilities listed above and give permission for the student to participate in the WBL experience.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**School District will:**

- Provide instruction to the student learner which includes expectations, evaluation procedure, documents used and grading process.
  - Assist student learner in the development of the WBL Personalized Learning Plan.
  - Ensure that there is related instruction, orient worksite supervisor, serve as a consultant to all parties concerned with this agreement, determine the amount of credit that the student has earned, visit the training site to coordinate with the employee, and receive evaluations.
  - Ensure proper documentation is on file with District and/or Worksite Supervisor (e.g. Transportation, HIPPA, TB test, immunizations, etc.).
  - Perform site visit evaluation/progress conference with the student at least once per quarter.
  - Respond to requests from the learning worksite
- supervisor to perform such services as may be necessary or advisable to the program, including, but not limited to, evaluation, observation, and counseling of the student.
  - Establish open lines of communication between all entities.
  - Ensure safety of student learner when taking part in the planned experience through documentation of equipment training and insurance coverage while moving to, from and during the WBL Experience period.
  - Oversee compliance of agreement by all entities.
  - Follow the WBL Personalized Learning Plan to ensure student learner has opportunities to demonstrate employability and technical skills.
  - Evaluate student learner and offer direction to enhance development.

**School District Verification**

I affirm I have read and agree to the School District responsibilities listed above.

School District Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Worksite supervisor:**

- Worksite supervisor will ensure they are not an immediate relative of the student.
  - Provide opportunities according to the appropriate learning goals for the student.
  - Confirm the student record of hours of participation.
  - Provide adequate orientation before the student learner begins assigned responsibilities.
  - Guide and instruct the student in learning the various details for the job in a manner that will help the student become a good employee including evaluating student learner and offer direction to enhance development.
  - Maintain the safety of the student at all times, by not placing them in wreckless danger.
  - Create a workplace free from discrimination and harassment while adhering to all applicable state and federal laws and regulations that prohibits any discrimination based on protected characteristics.
- Maintain safe and appropriate boundaries when interacting with students.
  - Maintain the right to deny any student participation or continued participation in the program.
  - Indemnify, defend and hold harmless the Olathe Public Schools for acts resulting in damage to property or injury to persons which result from commissions or omissions of the Worksite Facility, its officers and employees, arising out of performance of this Agreement.
  - In the event of injury or accident, the worksite will provide immediate emergency care based upon humanitarian considerations and will promptly report the incident to the school, which will immediately contact parents and complete school accident report forms just as if the incident had occurred on school property. Student learners will be covered by district liability insurance while at the experience/worksite if they are not paid by the experience/worksite.

**Worksite Supervisor Verification**

I, affirm I have read and agree to the Worksite Supervisor responsibilities listed above.

Worksite Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

# WORK-BASED LEARNING (WBL) STUDENT TRANSPORTATION CONSENT FORM

There are times during the school year when Work-based Learning (WBL) experiences will be held off-campus. Students will need to provide their own transportation to/from the WBL site location. Please review the transportation options listed below, check any that are acceptable for your student and sign the form.

I/We hereby give my/our student, \_\_\_\_\_

Print Full Name

permission to: **(Please check all appropriate spaces)**

**No Yes**

- ride with his/her parent,
- ride with an adult licensed driver,
- ride with a sibling who is at least 16 years of age and a licensed driver,
- ride with another participant who is a licensed driver and at least 16 years of age, or
- my student is at least 16 years of age, is a licensed driver, and can drive himself/herself.

I/we understand that Olathe Public Schools employees cannot supervise WBL participants when they travel to and from the WBL site. I/we knowingly and voluntarily release and forever discharge Olathe Public Schools USD #233 and the members of its Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from WBL site by transportation other than a school authorized vehicle.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Parents have responsibility to ensure their student uses the mode of transportation authorized by the parent. This Work-Based Learning (WBL) Student Transportation Consent Form may be revoked or modified in writing at any time.

