



Exceptional Student Education
Career Placement/On-The-Job Training Agreement

Student Name: _____ Today's Date: _____
Student #: _____ School: _____ Grade: _____
Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____
Parent/Guardian Name: _____
Parent/Guardian Address: _____
Parent/Guardian Home Phone: _____ Work Phone: _____
Teacher/Coordinator: _____ Worksite Supervisor/Contact: _____
Student's Position/Job Duties: _____
Worksite Address: _____ Worksite Phone: _____

Employer's Responsibilities: The employer agrees to place the trainee in the worksite specified above for the purpose of providing occupational experience of instructional value. The work activity will be under the supervision of a qualified supervisor. The work will be performed under safe and hazard-free conditions. The trainee will receive the same consideration given to employees with regard to safety, health, social security, general work conditions, and other policies and procedures of the firm. The employer will adhere to all state and federal regulations regarding employment, child labor laws, and minimum wages and will not discriminate in employment policies, educational programs, or activities for reasons of race, sex, color, religion, national origin, marital status, age, or handicap.

I intend to employ (student) in the capacity of (job title)
for a minimum of _____ hours per week contingent upon satisfactory work performance.

Parent/Guardian's Responsibilities: Parent/Guardian(s) agree for the student to participate in On-the-Job Training as provided by the public schools. Parent/guardian(s) authorize the release of educational and medical information related to the possible training and/or employment of the student. Parent/guardian(s) assume medical liability for the student. Parent/guardian(s) understand that the student may not receive wages as agreed upon between the employer and employee.

I understand that the above-named student is scheduled for On-the-Job Training during normal school hours and I verify that he/she will have access to transportation so that he/she will be able to leave school grounds beginning on (date) at (time).

Teacher/Coordinator's Responsibilities: The teacher/coordinator agrees to conduct regular visitations to continue a close working relationship with the supervisors and to monitor the student's progress. The teacher/coordinator shall attempt to resolve any complaints through the cooperative efforts of all parties concerned. The teacher/coordinator will communicate with the student's parent as needed.

Student's Responsibilities: The student agrees to follow the rules and guidelines established by the school, employer, and teacher/coordinator with regard to hours of work, school attendance, and reporting procedures. This document establishes an agreement between the school, the employer, the parent/guardian, and the student on the conditions of training to be given to the student while on the job. It should not be interpreted as a legal instrument nor as any form of binding contract.

We, the undersigned, have read this Training Agreement and understand the conditions/provisions contained therein.

Trainee: _____ Teacher Coordinator: _____
Parent Guardian: _____ Employer: _____



Exceptional Student Education
Career Placement/On-The-Job Training Agreement

Career Placement/On-the-Job Training is a work program planned to develop a student academically, vocationally, economically, and socially for adult life. There are certain responsibilities that the student must accept and it is necessary that certain rules and regulations be strictly observed. Failure to comply with these guidelines may result in an unsatisfactory grade, loss of credit, and/or dismissal from the program.

While in this work program, I (the student) agree to:

1. Be regular in attending school and work, and tell both my employer and teacher/coordinator if I am going to be absent.
2. Be on time to school and work.
3. Tell my teacher/coordinator about any problems at my job and make no changes without talking to him/her first.
4. Leave the school grounds during my scheduled On-the-Job Training time unless otherwise discussed with my teacher/coordinator and/or school administrator.

I further understand:

5. That if I am absent, I will not receive credit for working that day.
6. That I must turn in to my teacher/coordinator a record of the dates and times worked.
7. That I must turn in my evaluations to my teacher/coordinator by the deadline determined by him/her.
8. That I will fail On-the-Job Training if my work and behavior are not satisfactory.
9. That I must follow school rules throughout the day, including at my worksite.

Student Signature: _____ Date: _____

I understand that my child is responsible for meeting the above guidelines and that failure to comply with these guidelines may result in an unsatisfactory grade, loss of credit, and/or dismissal from the program.

Parent/Guardian Signature: _____ Date: _____