

Training Agreement				
I agree to work with the student in	the capacity of:			
Clinical/Practicum	☐ Job Shadowing	☐ School Enterprise		
☐ Internship	☐ Mentoring	On-the-Job Training		
Student Name	nt Name School			
EMPLOYER RESPONSIBILIT	TIES:			
experience of instructional val	ue.	bove for the purpose of providing occupational		
· · · · · · · · · · · · · · · · · · ·	r the supervision of a qualified su	•		
 The employer will adhere to al minimum wage, and will not drace, sex, color, religion, nation The employer will assist the color the employer will notify the color the employer will provide pro The employer will carry Works 	iscriminate in employment policinal origin, marital status, age or hoordinator in the preparation of a coordinator if any problems arise, gress reports and verification of the man's Compensation Insurance of	regarding employment, Child Labor Laws, and ies, educational programs or activities for reasons of landicap. Examining plan. changes are necessary, or if termination seems likely. the hours worked and recorded by the Student.		
TEACHER/COORDINATOR I	RESPONSIBILITIES:			
· ·		ng station no less than one time per grading period (2 ing relationship with the person to whom the trainee is		
-	attempt to resolve any complaints	through the cooperative efforts of all parties		
• The teacher/coordinator will co	ommunicate with the trainee's par	ents or guardian prior to work- based placement and		

• The Training Agreement will be kept on file for three (3) years at the school.

PARENT/GUARDIAN RESPONSIBILITIES: • The parent or guardian agrees that the trainee may participate in Work-Based Education Training as provided by the public school.

STUDENT RESPONSIBILITIES:

during the school year.

- The trainee agrees to follow rules and guidelines set up by the school, employer and teacher/coordinator.
- The student will notify the employer and coordinator if it is necessary to be absent from school/work.
- The student will be in regular attendance in school and at the work-based site. No School. No Work.
- The student will not change or quit jobs without notifying the coordinator.

Name of Firm/Business		
Business Owner/Manager (if different than Supervisor)		
Street Address:	City/State/Zip:	
Phone:	Email:	
Supervisor (Last/First) Name (Print)		
Supervisor or Manager Signature		Date:
Student Signature		
Parent/Guardian Signature		
Teacher/Coordinator Signature		Date:

New Date: 7/10/23