

School Board of Alachua County – Exceptional Student Education – (352) 955-7676
Community Based Training Agreement

IEP Date: _____ Student: _____ Student DOB: _____
Student SS#: _____ School: _____ Phone #: _____
Parent: _____ Address: _____
Home Phone: _____ Work Phone: _____ Teacher: _____

Emergency Contacts – Medical Information:

Emergency Contact: _____ Phone #: _____
Physician: _____ Hospital Preference: _____

Does your child have any health problems that we would need to know about?

Yes No, If yes, specify: _____

Does your child have any allergies?

Yes No, If yes, specify: _____

Is your child allergic to any medications?

Yes No, If yes, specify: _____

Is your child taking any medications?

Yes No, If yes, specify what medications: _____

1. _____ 2. _____ 3. _____
Worksite Supervisor Signature / Date Worksite Supervisor Signature / Date Worksite Supervisor Signature / Date

1. _____ 2. _____ 3. _____
Trainee's Position or Department / Date Trainee's Position or Department / Date Trainee's Position or Department / Date

Responsibilities of the CBT Teacher:

1. Conduct regular visitations to review student progress.
2. Develop worksite adaptations necessary for the student's placement.
3. Facilitate transportation.
4. Monitor student's time, attendance, and employee evaluations.
5. Act as liaison between worksite and classroom.
6. Develop transition plan for student trainee.
7. Rotate students to a different position after working a maximum of 120 hours.
8. Develop an IEP that includes goals and benchmarks or objectives relevant to CBT.
9. Understand that when the CBT activity is no longer a learning experience, it cannot be considered a non-employment relationship.
10. Maintain time cards and evaluations on students.

CBT Teacher's Signature _____

Responsibilities of the Worksite Supervisor:

1. Train the student for _____ hours per week.
2. Adhere to all state and federal regulations regarding training, child labor laws and other regulations as applicable.
3. Consult the teacher about problems related to the training and notify immediately in case of accident.
4. Provide ongoing supervision and assistance by person(s) knowledgeable in the student's training goals.
5. Understand that training is for the benefit of the trainee and the worksite does not derive any immediate advantage from the training activities.
6. Assure that the trainee is not entitled to wages for time spent in training and is not entitled to a job at the conclusion of the training period.
7. Understand that when the CBT activity is no longer a learning experience, it cannot be considered a non-employment relationship.

Worksite Supervisor's Signature _____

Responsibilities of the Student:

1. Maintain regular attendance both at school and worksite and notify school and worksite prior to absence.
2. Use proper work habits which include honesty, punctuality, courtesy, cooperative attitude, proper health and grooming habits, appropriate dress and willingness to learn.
3. Consult with the teacher and worksite supervisor about any difficulties/problems or changes related to training goals/ duties.
4. Conform to the rules and regulations of the worksite.
5. Understand that I'm not entitled to wages for the time spent in training and am not entitled to a job at the conclusion of the training period
6. Record daily time worked on time card.
7. Understand that I can only work a maximum of 120 hours in the same position.

Student's Signature _____

Responsibilities of the Parent/Guardian:

1. I give permission for my child to be enrolled in the CBT/ESE Program.
2. I understand the responsibilities of the student, parent teacher and worksite supervisor.
3. I authorize release of educational and medical information related to the possible training and/or employment of my child.
4. I give permission for my child to leave campus for work or other program related activities and to be transported by the teacher.
5. I give permission for my child to be photographed while participating in the CBT Program.
6. I understand my child is not entitled to wages for the time spent in training and is not entitled to a job at the conclusion of the training period.
7. Understand that an IEP that includes goals and benchmarks or objectives relevant to CBT will be written.
8. Understand that my child can only work a maximum of 120 hours in the same position.

Parent/Guardian Signature _____

Eligibility Requirements:

1. Sixteen years old or in grade 10 (based on work site requirement).
2. Positive attitude with a willingness to be cooperative and supportive towards the work site teacher/supervisor.
3. Teacher recommendations.
4. Special Diploma Candidate.
5. Good attendance based on school records.
6. Acceptable school behavior with limited dean referrals.
7. Signed CBT Training Agreement.
8. Willingness to adhere to the program's responsibilities.

Program Responsibilities

Attendance: I agree to:

1. Maintain good attendance. (Failure to comply will result in a dismissal from the program and rescheduling into classes.)
2. Call my home school by the time the CBT bus leaves for the work site. (In the event that there is no phone available a note from the parent/guardian must be submitted upon return to school.)

Dress Code: I agree to:

1. Follow dress code requirements for my assigned work site or wear khaki, black or blue pants; white, blue or black collared shirt.
2. Wear closed-toe shoes.
3. Leave my personal belongings, such as backpack, pocketbook, hat, etc., at my home school.
4. Practice good hygiene habits.

Transportation: I agree to:

1. Follow individual bus driver's rules upon arrival at designated site.
2. Wait on the bus or stay in the designated waiting area assigned to me by an adult.
3. Get on the transfer work bus immediately or when directed to do so by an adult.
4. Ask an adult to accompany me to a restroom if needed.
5. Leave headsets, cassette players, radios, CD players at home.
6. Use appropriate behavior when transferring buses.

Job Site Responsibilities: I agree to:

1. Follow dress code requirements at my job site.
2. Demonstrate appropriate work behavior.
3. Respect and cooperate with my work site supervisor or any adult that is helping me learn my job responsibilities.
4. Follow my job site rules.
5. Follow Student Code of Conduct while off campus.
6. Ask for help when I'm not sure what to do.

Consequences

Failure to follow program responsibilities may result in one or more of the following:

1. Student/teacher conference with a written warning to parent/guardian.
2. Parent contact.
3. Removal from CBT incentive activities
4. Dean's referral.
5. Bus referral.
6. Dismissal. (Automatic dismissal for level III or IV violation - see Alachua County Schools' Student Code of Conduct. Dismissal from the program for any reason will be for the remainder of the school year. Student/Parent/must reapply the following year for readmission.)

I have read and understand the above and wish to participate in the Alachua County CBT Program.

Student: _____ Date: _____

I have read and understand the above and wish for my child to participate in the Alachua County CBT Program. I also give permission for my child to be transported by the CBT teacher in an emergency situation. I authorize release of educational/medical information related to my child's training situation and give my permission to have his/her photograph taken for CBT program publicity.

Parent/Guardian: _____ Date: _____