



Cartersville High School
WBL Coordinator: Ms. Shannon Boyer
320 East Church Street, Cartersville GA 30120
770-382-3200; sboyer@cartersville.k12.ga.us



**THE FOLLOWING WBL FORMS
MUST BE COMPLETED IN BLUE
OR BLACK INK, SIGNED,
DATED, AND RETURNED
TO THE COORDINATOR BEFORE
YOU CAN LEAVE SCHOOL EARLY
TO GO TO WORK!**

**Because of liability, students will
remain at school until forms are
returned.**

NO EXCEPTIONS!



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Work Based Learning Documentation Checklist

Student Name: _____

Each student should have the following forms properly signed by the date given to you. These forms are an IMPORTANT part of your work-based learning experience. You will be given a grade of 100 for turning in the forms properly by the due date. You will lose points per day per form not returned (signed) on time.

All forms are due:

Parent/Student Authorization

- _____ Student/Parental Handbook Signature Page
- _____ Termination Form
- _____ Early Release Agreement (signed by student and parent)
- _____ Parent/Guardian Consent Forms
- _____ Field Trip and Emergency Medical Form
- _____ Confidentiality and Grading Statement
- _____ Student Waivers
- _____ Student- Work Information Sheet
- _____ Work Permit (If under age 18- Internships included)

Employer/Student/Parent Authorization

- _____ Employer Letter (signed by employer)
- _____ Training Agreement (Signed by student, parent, and employer)
- _____ Safety Training
- _____ Initial Training Plan (Signed by student, parent, and employer)



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PARENT WELCOME LETTER

Hello! We are delighted that your son/daughter has enrolled in our Work Based Learning Program. We believe you will find the experiences your student has this year in the facilitated virtual classroom experience and at the job site will be beneficial to him or her for the rest of their life. The purpose of these Work Based Learning programs is to provide students the opportunity to connect what they learn in school with work-site application in order to enable a smooth transition into the work force and /or postsecondary education after graduation from high school.

As a member of the Work Based Learning program, your student will be placed at a job site on or off campus. He/she will receive a unit of credit per release period for this program.

It is the student’s responsibility to be in school every day. He/she is not to go to work without first going to school, nor go to school without going to work without prior approval from the Work Based Learning coordinator. The student is also responsible for following the school’s attendance policy.

In addition to the on-the-job training and the composition of the WBL Career Portfolio, a third component of the work-based learning program is the related career technical student organization. These organizations are an integral part of the work based learning programs at every school in Georgia. Students will gain important leadership and social skills as well as a sense of responsibility to the school and the community. Dues include membership at the local, state and national levels. Work-based learning students are strongly encouraged to participate.

I look forward to a successful year working with your son/daughter. If you have any questions concerning the program, please don’t hesitate to call me, Shannon Boyer, Work Based Learning Coordinator.

For a brief orientation to the program for parents, please provide a good contact number for you during the hours of **8am and 4pm (M-F)**. The call shouldn’t take more than 5-10 minutes.

Name: _____ Contact Number: _____

Please Circle the Best Time to call: 8-10AM 11AM-1PM 2PM-4PM

Thank you!

Shannon Boyer
 Work Based Learning Coordinator



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STUDENT/PARENT HANDBOOK REVIEW PAGE

I have received, read, understand, and will abide by the contents of the Work-Based Learning Program Student/Parent Handbook.

 Student Name

 Student Signature

 Date

 Parent Name

 Parent Signature

 Date

Comments:

It is the policy of the Cartersville City School System not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity or service.



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Policy: TERMINATION FROM WBL PROGRAM

Students participating in the Work Based Learning Program receive high school credit for Work Based Learning and are reflected in the official transcript for colleges. A professional relationship with the employer is expected at all times, as well as performing above average in school and at work. Please review the reasons for termination listed below and return a signed copy to me.

1. **Tardiness to job** – It is very important that the student be at work on time each day. The student is just like any other employee and must follow the same rules as the other employees in the building. Excessive tardies from school and/or work could result in the student being dismissed from the program. **NOTE: IF A STUDENT IS GOING TO BE LATE OR ABSENT, THE EMPLOYER SHOULD BE CONTACTED 24 Hours in ADVANCE if possible.**
2. **Absences from school or workplace** – It is very important that the student be at school and on the job each day they are scheduled. If a student is absent from school, he/she **MAY NOT** go to work that day, unless approved by the Work-Based Learning Coordinator. Excessive absences from school and/or work could result in the student being dismissed from the program. **NOTE: THE EMPLOYER SHOULD BE CONTACTED AT LEAST 24 HOURS IN ADVANCE IF A STUDENT WILL BE ABSENT FROM THE WORKPLACE.**
3. **Legal/Ethical issues** – If the student is engaged in any illegal or unethical activity, the student could be terminated from the WBL program without school credit. This includes lying, falsifying records and timesheets, unethical behavior at school or in the workplace and leaving campus without permission. Subject to the coordinators discretion.
4. **Lack of ability/skill** – Each student will have a two to four week period during which the employer may decide that the student’s skill and ability do not match those of the company. If this is the case, a conference will be held to determine if the student would be placed with a new employer or return to the classroom. Every effort will be made on the part of the system coordinator to work with the student and employer toward a successful WBL experience.
5. **Low evaluation** – Every nine weeks the student will be evaluated by the employer and WBL Coordinator. An evaluation resulting in a grade of “C” or below could constitute the student being placed on a probationary status. If the student does not improve during the following nine weeks, the student could be terminated from the WBL Program.
6. **Low grades** – Student’s academic status will be monitored. If a student falls below a 2.0 grade point average for that nine weeks, a conference with WBL Coordinator and student will be held to determine what type of remediation assistance the student needs to improve. The student could be placed on nine weeks probation (or until grades improve). If there is no improvement, the student could be terminated from the WBL Program.
7. **Unemployment** – Students who are terminated for cause may be removed from the program and may receive a 60 or below for the semester grade. Students who lose their job (no fault) will have 10 days to find a different job. If a job is not found, student could fail or be terminated from the program.
8. **Failure to Notify** – Students who fail to notify WBL coordinator within 24 hours of a loss of job or inability to continue working.

I UNDERSTAND THAT TERMINATION FROM THE WBL PROGRAM COULD MEAN A LOSS OF SCHOOL CREDIT, THAT THE STUDENT MAY BE PLACED IN ANOTHER COURSE, LEAVING CAMPUS PRIVILEGES WILL BE REVOKED.

STUDENT	DATE	PARENT/GUARDIAN	DATE
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EARLY RELEASE AGREEMENT

It is understood that my son/daughter is being released early from school for the purpose of working at a paying job or an unpaid internship. In accepting the privilege of an early release, we agree to the following stipulations:

- The parents/guardians will arrange and be responsible for transportation for the student to and from work.
- The school assumes no responsibility for the student's safety
- The student will leave the building and campus immediately after release from class
- If, for any reason, transportation is unavailable on any day, the student will go directly to the coordinators room or a pre-assigned space and remain there until transportation becomes available or school is dismissed.
- The student must continue employment and will notify the instructor if employment is not continued.
- The student must maintain a "C" average, pass required courses and have good school conduct.
- If any of the above stipulations are violated, or if the school considers termination of this privilege in the best educational interest of the student, the privilege may be revoked.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____



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PARENT/GUARDIAN CONSENT ITEMS

Student's Name: _____ Student ID Number: _____

Please initial each request to indicate your consent:

_____ **Work Based Learning Early Release Consent:** I understand that my child named above is enrolled in the work-based learning program at Cartersville High School and that my child will be either go straight to work and then to school, or will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day. I assume full responsibility for my child while they are on leave from school, including days when my child is not required to be on the job.

_____ **Transportation Consent:** (School-provided transportation is not available to work sites.)
I hereby give my son/daughter/ward permission to drive to their designated work site. I expressly release the Work Based Learning program, local school, and the Cartersville City Schools and any agents of the employer or the school system from any liability that may result from my son/daughter/ward's use of his/her individual transportation. Must have a copy of current car insurance card and Driver's License on file.

_____ **Photo/Media Release:** *I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by Cartersville City Schools or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with the consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or to be created in the future.*

_____ **Student Record Release:** *I authorize the Cartersville City School System to release my son/daughter/ward's academic and attendance records to any potential employer and I agree that the Cartersville City Schools and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the Work-Based Learning Coordinator. I also agree that my child's grades may be e-mailed to me at this **e-mail address** _____*

Health/Medical:

_____ **Treatment Consent:** *I hereby authorize the school or the Work Based Learning coordinator or work-site mentor to secure emergency medical treatment. I will assume all financial responsibility.*

_____ **Insurance: Health Insurance Company** _____ *Student is _____ or is not _____ covered by medical insurance. (If not, parent/guardian signature indicates that accident insurance will be purchased through the school insurance program. Contact your local school.) **Must provide a copy of current health insurance card.***

_____ *Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. I hereby consent to required drug screening of my child or ward as a condition of employment and subsequent drug screens as dictated by the company's drug policy.*

_____ *Some employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company required physical examination and/or company required vaccinations as a condition of my son's, daughter's or ward's employment.*

Having read with understanding the above, I hereby give my consent to the enrollment of my son/daughter/ward in the Work Based Learning program:

Parent/Guardian Signature _____ **Date** _____



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FIELD TRIP & EMERGENCY MEDICAL FORM

Student Name: _____ **Student ID:** _____ **Male** **Female**
Date of Birth: _____ **Trip/Activity:** Work- Based Learning Activities and Trips **Sex (circle one)**

Date of Trip: 2017-2018 School Year **Teacher/Sponsor:** Boyer **Phone:** 770-382-3200 x3320

Destination: WBL Sites/Other Trips & Activities **Time of Departure:** NA **Return Time:** NA

Trip Cost: NA (Exact cash or check payable to school)

Return Permission Forms to : NA **by: (date)** NA

Emergency Contact and Medical Information

_____ Parent/Guardian		_____ Parent/Guardian	
_____ Home Phone	_____ Work or Cell Phone	_____ Home Phone	_____ Work or Cell Phone

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Work or Cell Phone	_____ Home Phone	_____ Work or Cell Phone

Medical Information

_____ **Hospital/Clinic Preference**

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number
_____ Allergies or Special Health Considerations	_____ Medications

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical; and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and I waive the right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I give my permission for my child to attend the field trip destination listed above. I release the Cartersville City School Board of Education, its employees and volunteers from liability in case of accident during activities related to this field trip as long as normal safety procedures have been taken.

_____ Parent/Guardian Signature	_____ Date
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STUDENT CONFIDENTIALITY STATEMENT

As a condition of employment with _____ (Name of Business) beginning on _____ (Date), I _____ (First and Last Name) agree to abide by all of the rules, regulations and procedures regarding the confidentiality of the information that I will come in contact with relative to the Work Based Learning Program of Cartersville City Schools.

I understand that as a condition of my employment I will demonstrate professionalism in dealing with sensitive information and that I will not knowingly distribute confidential, personal, or sensitive information derived from conversations, files, and computer information to anyone. Failure to comply with these terms may cause termination from the work site resulting in a failing grade in the Work Based Learning Program, immediate termination from the program and removed permission to attend employment during school hours.

STUDENT WAIVERS

NON-PAID CONSENT (If Applicable for unpaid positions)

I understand that I am to comply with all policies and the directions of the supervising staff of the business. I agree that I will not be considered to be a paid employee and am not entitled to any benefits available to employees.

I understand, along with accepting this internship/volunteer experience, comes the same work ethic and apprenticeship expectations as outlined in the application, student handbook, and other documents relating to the Work Based Learning Program.

INSURANCE VERIFICATION

As the parent/guardian for the above-named student, I certify that the student is covered by insurance that would pay for medical expenses for any injuries suffered by the student while participating in the Work Based Learning Program. Additionally, I understand and acknowledge that neither the Cartersville City School System nor its officials or employees shall be responsible, in any way, for medical or hospital costs relating to any injury that the student may suffer as a result of his/her participation in the Work Based Learning Program. Finally, I understand and acknowledge that the Cartersville City School System shall not be responsible for providing transportation for the student's participation in the Work Based Learning Program.

INDEMNIFICATION AGREEMENT

In consideration for allowing the student to participate in the Work Based Learning Program, the undersigned hereby agrees to hold harmless the Cartersville City School System, its officials and employees, including, but not limited to, the Superintendent of Schools, the Work Based Learning Coordinator, and the administration of the school my student attends, as well as members of the District's Board of Education from any and all actions, causes of action, claims, demands, damages costs, loss of service, expenses, compensation, third party actions, hospital liens, attorney liens, suits at law or in equity of whatever nature, on account of, or in any way growing out my student's participation in the Work Based Learning Program.

 Student Signature

 Date

 Parent Signature

 Date



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GRADING POLICY 2017-2018

As a WBL Student, you will be held to a higher standard than other courses offered at Cartersville High School. The purpose of the WBL program is to allow you the opportunity to increase your employability skills and/or knowledge of a particular industry in order to pursue an eventual college or career path in that area. In order to do this, you have been identified as someone who is qualified, mature, and ready to take the next step in learning what you want to do after you leave high school. To be allowed to continue this opportunity, you have to comply with certain standards set by the state in order to be granted the approval to leave campus and forego the traditional classroom environments. Here is what to expect:

In order to receive a PASSING GRADE in WBL, you must COMPLETE a portfolio in addition to complying with WBL program policies regarding reporting to work, attendance, termination, etc. A completed portfolio is one that has at least an 90% of the required *assignments* according to the rubric. These documents are to be first quality, as you have corrected the graded copies to ensure that the portfolio is error free and ready for review.

What is a portfolio? A portfolio is a notebook of experiences, research, and documentation that you have participated in with a qualified Work Based Learning program. A portfolio is also a tool that you could use to take with you on future job and college interviews. You could add to it later to continue to provide “proof” that you are a better qualified candidate than a job candidate without a portfolio. It is intended to help you and for you to use it for your future. For school purposes, it serves as a way for us to document your success within the program. It serves as the independent facilitated classroom experience.

Assignments: Will be posted online for the entire year in August

Due Dates: Assignments will be due the last **school day** of each month

Late Work: Work that is not turned in at the last school day of the month will be considered late.

Late Work Affects Leaving Campus: Late work must be turned in within 2 school days or the student will not be allowed to leave campus until the work is completed.

Completed Late Work: Will not receive credit that month, but will be graded for feedback and student corrections. Rationale: Students are provided approximately 30 days to complete an average of 2- 45 minute assignments per month, and they can do almost all assignments during the year earlier than the corresponding month.

Late Work Full Credit: Full credit will be given for assignments on the *mid-term* and *final* portfolio checks as long as the student has made the corrections.

Grade Updates/Progress Reports: The coordinator will make every effort to have graded copies with change recommendations back to the student before the next due date. Each student should know their progress by making sure they have met each month’s checklist.

NOTE: If a student passes the Mid-term Portfolio check but does not produce a completed portfolio in May, the student will fail the course.

I have read and understand the grading policy. I will adhere to the guidelines as set forth by the Work-Based Learning Program.

 Student Signature

 Date

 Parent Signature

 Date



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Dear Employer:

On behalf of the Work-Based Learning Program at Cartersville High School, I would like to thank you for your willingness to work with and evaluate our students.

At the beginning of school, there are a number of forms that the school must have on file for these students since they are receiving the same unit of credit for this course as English, Math, etc. Each student will need to have this letter, an early release understanding/insurance verification form, a training agreement, and an initial training plan signed and on file. These four forms will require your signature.

The training agreement explains what is expected of all parties involved in this cooperative training program and the training plan identifies tasks that the student is now performing or learning on the job.

I would also like to solicit your help for accurate attendance reporting. A student who is absent from school for the day is not supposed to participate on the job for that day. If a student is absent, I may call you to confirm whether or not the student reports to work.

If the student has reported to work, I will deal with the situation according to program policies. I have informed the WBL students that it is their responsibility to adhere to this policy and I appreciate your cooperation in this matter. Hopefully, working together, these students will become more productive and dependable employees and citizens of the Cartersville community.

Each grading period, the student or I will bring a job evaluation form to you to be completed. You should be able to fill it out in approximately five minutes. Your comments about the student-employee are always important.

Thank you in advance for your cooperation. I hope you will find that the students in the Cartersville High School Work Based Learning Program do an excellent job for you. Please feel free to call if you have any questions.

Sincerely,

Shannon Boyer, M.Ed
 Work Based Learning Coordinator/Director
 Future Business Leaders of America Advisor

Employer Signature: _____ Date: _____

Student Signature: _____ Date: _____



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STUDENT-WORK INFORMATION SHEET- Please *Print* in Blue or Black Ink ONLY

PERSONAL INFORMATION

Student Name _____ Preferred Name _____
 Date of Birth ____/____/____ Last 4 Digits of SS _____
 Student Cell # _____ Lunch/Student ID # _____
 Student Email _____ Home Phone # _____
 Address _____ City, State Zip _____
 Pathway _____ **CTSO:** FBLA HOSA TSA DECA (circle one)
 Parent(s) Name _____
 Home Address _____
 City, State Zip _____
 Work Phone # _____ Emergency Phone # _____
 Parent's Cell # _____ Parent's Email _____

WORKSITE INFORMATION- Must be completed before releasing from campus

Business Name _____
 Business Address _____
 Telephone _____ Fax # _____ Email _____
 Manager/Supervisor's Name _____ Title _____
 Mentor's Name _____ Title _____
 Job Title _____ Job Start Date _____
 Pay Period (circle one) Weekly Bi-Weekly Monthly
 Beginning Hourly Rate _____ Approximate Number of Hours per Week _____
 Best Day and Time to Visit Worksite: Day _____ Time _____ AM PM
Duties include (include at least six): _____



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Safety Training Agreement

_____, a student in the Work-Based Learning program at Cartersville High School and an employee/intern at _____ will complete the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have or will be shown to the students and in case of an emergency, the student will be given instructions on what to do to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or injury to others. The student agrees to follow all the safety rules and regulations of the current employer.

 Student Signature

 Date

Employer Handbook

- I received an Employer Handbook related to the Work-Based Learning Program at Cartersville High School. This handbook can be used as a reference for the Mentor and/or Supervisor of a Work-Based Learning student. This constitutes Mentor training for the WBL program.
- I received a Course Syllabus for the Work-Based Learning Program. This included a grading rubric for the program, which indicated the fact that Employer Evaluations (Formal Assessments) are counted as 3% of the student's grade.

 Employer Signature

 Date

 Employer Phone

Employer E-mail- MANDATORY

For state reporting, I have to include an email address for the student's supervisor. This can be a personal email if your company does not provide you with one. These addresses are not SHARED with anyone but me and the State of Georgia Department of Education.



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INITIAL TRAINING PLAN

Student: _____ Student Job Title _____
 Company: _____ Phone: _____
 Supervisor: _____ Supervisor Title: _____
 School: **CARTERSVILLE HIGH SCHOOL** Training Period Begins On: _____

ALL WORK-BASED LEARNING PARTNERS agree to the following terms:

The Student Agrees:

1. Be at least 16 years of age and have a Social Security number.
2. Secure a work-permit if under 18 years of age and in paid employment and to file a copy with the school official, state Department of Labor, WBL Coordinator, and the employer. Provide copies of work permit to Coordinator and Employer.
3. Assist the WBL Coordinator in finding an appropriate employment position related to the career focus area of the program and the career objective of the student.
4. Attend school and work regularly (abide by the attendance policy) and not go to work without first going to school, or go to school without going to work, unless previously discussed with the WBL Coordinator. Failure to adhere to this part of the agreement may result in student receiving appropriate academic and/or disciplinary action. If a student will be absent from school or work, the WBL Coordinator should be notified as soon as possible.
5. Discuss all aspects of the employment with the WBL Coordinator and the worksite supervisor-not with other students, co-workers, etc.
6. Represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from the employment due to negligence or misconduct, proved by school investigation, the student may be dismissed from the program and may not receive school credit which might impact high school graduation.
7. Not change his/her job site without permission from the Coordinator. If so, this could lead to dismissal from the WBL Program. The WBL Coordinator reserves the right to change the student's employment situation if necessary.
8. Maintain a required GPA and work the minimum hour requirements for the program.
9. Secure your own transportation to and from work and school.
10. Be evaluated by the WBL Coordinator and mentor/supervisor once per grading period which includes training plan.
11. Agree to release information and school related records as it pertains to the WBL Program such as academic performance, attendance, discipline, follow-up information, and photo consent.
12. Take necessary precautions and assume full responsibility for the conduct/safety during travel time between home, school, and work.
13. Grant consent for pre-employment or routine physical, required lab work, drug test, etc., as required by employer.
14. Grant permission for work related emergency treatment. Medical personnel will make reasonable attempts to contact the parent before initiating emergency treatments deemed necessary by the employer/emergency service.
15. Maintain safety on the worksite.
16. Be aware that employment in the WBL Program does not necessarily qualify a student to receive unemployment compensation.
17. Take part in employer appreciation activities in order to receive full credit, financed in part by student.
18. Report to coordinator during the scheduled work times if temporarily unemployed.
19. To actively participate as paid member in the local chapter of the related CTSO.



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20. Abide by all terms, conditions, and policies of the employer, school, and WBL Program including WBL meetings and/or functions.

The Parent Agrees:

1. Encourage the student to carry out effectively his/her duties and responsibilities at both the school and place of employment.
2. Assume responsibility for the conduct and safety of the student from the time he/she leaves school until he/she reports to work; likewise, from the time he/she leaves his/her job until he/she arrives home.
3. Make inquiries concerning the student's training, wages, or working conditions through the WBL Coordinator rather than directly to the employer.
4. Understand that the student must attend school and work regularly and not go to work without going to school, nor go to school without going to work unless previously approved by the WBL Coordinator.
5. Offer assistance to the WBL Coordinator, serve as a resource person, and/or aid in other ways that could benefit the school and the student.
6. Allow the release of student records regarding academic performance, attendance, and discipline for the purpose of employment and program follow-up.
7. Assume responsibility for adequate insurance, including, but not limited to health and automobile coverage.

The Employer Agrees:

1. Adhere to policies and practices which prohibit discrimination on the basis of race, color, national origin, sex, and handicap in recruitment, hiring, assignment to work task, hours of employment, levels of responsibility and pay.
2. Work with the WBL Coordinator to provide a variety of work experiences for the student that contributes to the attainment of his/her career objective and to assist in development of the training plan.
3. Pay the student a wage (predetermined by the company) that increases progressively, if in a paid WBL placement.
4. Allow the student to work or intern for the designated hours per week during the academic year.
5. Assist in the overall evaluation of the student, and to serve as primary evaluator for on-the-job skill attainment. This will occur once every grading period.
6. Assign a member of the employing organization as a workplace mentor.
7. Provide time for consultation with the WBL Coordinator concerning the student to discuss performance and any difficulties that may arise.
8. Assist in providing instructional materials and occupational guidance for the student.
9. Notify the WBL Coordinator if termination of the student is considered for any reason or any disciplinary action is considered. Inform the WBL Coordinator before any disciplinary action is taken in regard to the employment of the student.
10. Adhere to all federal and state regulations including child labor laws and minimum wage regulations.
11. Adhere to income tax and Social Security withholding regulations.
12. Provide a "Safety Orientation" in addition to a safe and appropriate work environment for the student.

The WBL Coordinator Agrees:

1. Serve as liaison between the student, parent, and employer.
2. Maintain records pertinent to the student, employer, and school.
3. Render assistance with educational and training problems of the student.
4. Assist the Work-Based training supervisor in an evaluation of the student's performance a minimum of once per grading period and conduct supervisory visits to the student's place of employment.



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5. Assist in academic and occupational instruction of student.
6. Conduct exit interview/survey to develop plan of transition into post-secondary.

All Parties Agree:

1. That this agreement will not be terminated without the knowledge of all parties concerned.
2. That Career/Technology student organizations are an integral part of the instruction within the work-based learning program
3. That the student will work a minimum of 5 hours per week per release period
4. That the student will adhere to the school attendance policy.

I certify that I have read and understand this agreement. Student: I also understand that failure to comply with my part of this agreement could result in immediate dismissal from the Work-Based Learning Program and a failing grade for the semester or the year.

 Student Signature

 Date

 Parent/Guardian Signature

 Date

 Employer Signature

 Date

 WBL Coordinator Signature

 Date



Cartersville High School
 WBL Coordinator: Ms. Shannon Boyer
 320 East Church Street, Cartersville GA 30120
 770-320-3200; sboyer@cartersville.k12.ga.us



Initial Training Plan: SKILLS & PERFORMANCE MEASURES

Student: _____ **Job Title** _____

Business: _____ **Phone:** _____

Supervisor: _____ **Title:** _____

School: CARTERSVILLE HIGH SCHOOL Training Period Begins On: _____

To provide the best learning experience for the student-worker, the employee agrees to provide a variety of work experiences that will contribute to the attainment of their career objective.

The items below will be on ALL evaluations, please do not repeat them in the section below.

1. Use proper grammar and vocabulary
2. Address people properly
3. Use telephone in a businesslike manner
4. Listen to and follow directions
5. Communicates well with others
6. Shows respect for the feelings of others
7. Values the opinions of others
8. Effective team member skills
9. Develop Personality traits important to business
10. Effective team leader skills

Please list specific occupational skills that the student should learn while in this position:

(These should be job SPECIFIC skills. Use an additional sheet if necessary. You will be provided an official copy of the items below on the student's training plan on or before the first site visit)

- 1.
- 2.
- 3.
- 4.
- 5.

Validating Signatures:

Employer _____ Date: _____

WBL Coordinator: _____ Date: _____

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____