TEACHER IN BUSINESS
(TIB)
WORK-BASED LEARNING
PROVO SCHOOL DISTRICT
TRAINING AGREEMENT

Teacher Name _____ **SS #** _____ _____
Last First MI

Address _____ **Home Phone** (____)_____ - _____

Worksite: _____ **Address:** _____ **Start Date**:___/___/__

Supervisor: _____ **Phone No:**_____

Teacher Employee agrees to accept the following responsibilities:

1. Maintain regular attendance at the training site, follow all rules concerning the program, and notify the school/program and employer prior to any absence.
2. Show honesty, punctuality, a cooperative attitude, proper grooming and dress, and a willingness to learn.
3. Consult The program coordinator or supervising teacher, as well as the employer about any problems.
4. Conform to the rules and regulations of the training site, and maintain confidentiality.
5. Complete required assignments and furnish necessary information, reports, and time sheets.
6. For unpaid work experiences, work injuries and occupational diseases are covered by the local educational agencies' workman's compensation as specified in SB28.

Date: ___/___/___ Teacher Signature: _____

Training Site Supervisor agrees to accept the following responsibilities:

1. Provide thorough orientation to the job and training site, as well as a meaningful, well-supervised work experience.
2. Provide evaluation of performance, time for consultation with, and on-site monitoring visits by authorized staff.
3. Consult the program coordinator/teacher regarding problems related to the work experience

Date: ___/___/____ Work site Supervisor Signature: _____

The School or Program agrees to accept the following responsibilities:

1. Conduct training site visits as indicated by school or program guidelines.
2. Provide training site with a liaison to assist in explaining requirements, completing paperwork, resolving problems, and otherwise helping the teacher-learner and supervisor maximize work performance and learning opportunities.
3. Provide Critical Workplace skills training in Orientation.
4. Assist teachers in achieving educational goals to prepare students for a chosen career.

Date:___/___/____ Signature of School/Program Coordinator: _____Phone #_____