

# DAVIS SCHOOL DISTRICT WORK-BASED LEARNING

## Intern Training Agreement

Trainee	WBL Periods Assigned	Grade
Home Address	Date of Birth	Age
City, State, Zip	SEOP Career Goal/Field	
Home Phone	WBL Coordinator	

**(Employer to fill in box below)**

Employer (Company Name)	Beginning Date of Employment
Name of Cooperating Employer/Supervisor	Scheduled Hours/Days
Address Mailing Address if Different	Hours Per Week
City, State, Zip	E-mail address
Phone	

**WBL activities to be defined and agreed upon using student Learning Grid**

**Trainee will:**

- (1) strive to develop good work habits,
- (2) maintain a high level of performance at school and at the work site,
- (3) maintain 90% attendance at the work site,
- (4) maintain a grade of "B" or higher in the class related to your work-based experience,
- (5) submit work records to school coordinator on or before each due date,
- (6) consult the program coordinator as well as the employer, about any problems,
- (7) be at the work site during periods assigned for work-based learning experience,
- (8) maintain confidentiality as required of company employees,
- (9) pay 35.00 semester fee and \$10 lab fee.

\_\_\_\_\_  
Trainee's Signature

\_\_\_\_\_  
Date

**Cooperating Employer/Supervisor will:**

- (1) assume responsibility for meaningful training and a safe workplace,
- (2) consult the school coordinator/teacher regarding problems related to the work experience and contact the school coordinator promptly before considering suspension, transfer, or termination,
- (3) meet with school personnel to provide evaluation of trainee's work,
- (4) have a licensed established business and conform to all State and Federal labor laws,
- (5) schedule the student trainee on each school day enrolled during the periods assigned to WBL,
- (6) will verify that the attendance records are accurate,
- (7) will not transport the student in a one on one situation,
- (8) ensure that this is a non-paid work experience.
- (9) not discriminate on the basis of race, color, religion, sex, age, national origin, disability.

\_\_\_\_\_  
Cooperating Employer/Supervisor's Signature

\_\_\_\_\_  
Date

**Parent/Guardian will:**

- (1) support the student's participation in the Work-based Learning Program,
- (2) assume responsibility for transportation as needed.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**School Coordinator will:**

- (1) ensure there is related instruction and serve as a consultant to all parties concerned with the Training Agreement,
- (2) determine the amount of credit and the grade the trainee will receive,
- (3) ensure that regular contact is made with the trainee's employer/supervisor,
- (4) ensure that a written evaluation is obtained from employer each term,
- (5) ensure that student is covered under DSD Workman's Compensation.

\_\_\_\_\_  
School Coordinator's Signature

\_\_\_\_\_  
Date

**Responsibilities of Trainee, Employer, Parent/Guardian and Coordinator**