

Training Agreement for Cooperative Education Students

I agree to work with the student in the capacity of:

- | | | |
|---|--|--|
| <input type="checkbox"/> Career Shadowing | <input type="checkbox"/> Clinical/Practicum | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> On-the-Job Training | <input type="checkbox"/> School Enterprise |

Student Name _____ School _____

EMPLOYER RESPONSIBILITIES:

- The employer agrees to place the trainee in the work specified above for the purpose of providing occupational experience of instructional value.
- The work activity will be performed under the supervision of a qualified supervisor.
- The work will be performed under safe and hazard-free conditions.
- The employer will assist the coordinator in the preparation of a training plan.
- The employer will notify the coordinator if any problems arise, changes are necessary, or if termination seems likely.
- The employer will provide progress reports as necessary and verification of the hours worked and recorded by the Student.
- The employer will carry Workman’s Compensation Insurance on student employed.

TEACHER/COORDINATOR RESPONSIBILITIES:

- The teacher/coordinator agrees to visit each trainee at the training station no less than one time per grading period (2 times during summer programs) and will continue a close working relationship with the person to whom the trainee is responsible while on the job.
- The teacher/coordinator shall attempt to resolve any complaints through the cooperative efforts of all parties concerned.
- The teacher/coordinator will communicate with the trainee's parents or guardian prior to work-based placement and during the school year.
- 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. If a student is injured on the job, the student’s personal health insurance is used.

STUDENT RESPONSIBILITIES:

- 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/St/Zip: _____

Phone: _____ Email: _____

Supervisor Last Name, First Name (Print): _____

➤ **Supervisor or Manager Signature:** _____ Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teacher/Coordinator Signature: _____ Date: _____