

Dinwiddie County Public Schools

Work-Based Learning Guide

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Section 1

Work-Based Learning (WBL) Overview

Work-Based Learning (WBL) programs assist students in bridging the gap between the classroom and the workplace. It provides the opportunity for students to apply classroom instruction in a real-world setting. WBL opportunities enhance the students' soft skills and technical skills. These career exposure opportunities and workplace readiness skills development training provide students the knowledge and experience for a sustainable successful future. Many students involved in WBL programs are offered the opportunity to continue working after graduation from high school with their placement employers. This is an added benefit to the employer who has knowledge of the students' work ethic and skills.

Dinwiddie County Public Schools' representatives and the Dinwiddie County Youth Workforce Development Office will identify potential employers that are willing to provide students with various workplace experiences. Efforts will be made to unite students with employers that have businesses relevant to the student's career goals or businesses/offices that can provide the student opportunities to improve their workplace readiness skills.

The goals of the Dinwiddie County Public School's Work-Based Learning programs in collaboration with the Dinwiddie County Youth Workforce Development Office is to: (a) develop leadership skills, (b) develop and strengthen career competencies, (c) provide networking and employment opportunities, (d) provide an opportunity to supplement education beyond traditional experiences, (e) engage area employers in preparing the future workforce and (f) create a pipeline of students prepared for quality employment.

Work-Based Learning is comprised of experiences related to students' career interests coupled with coursework in Career and Technical Education, and undertaken in partnership with local businesses or organizations.

WBL promotes the following:

- **Career Awareness:** an understanding of career options available to students and the knowledge of what is necessary to work in specific careers. Career awareness activities are designed to increase student awareness of personal interests and talents. Students complete interest assessments to identify possible career preferences. Career awareness activities ideally lead to WBL experiences where students can deepen their knowledge of career pathways and begin applying skills learned in the classroom. Examples of career awareness activities include but are not limited to the utilization of MajorClarity, career investigation courses, industry day, guest speakers and field trips.
- **Career Exploration:** students research career pathways and the occupations associated with each pathway of interest. During the exploration process students gain a better understanding of the pathway to a chosen career and can make informed decisions regarding their secondary and postsecondary education. Information that students research may include: the daily activities and responsibilities associated with the occupations, salary, education/training required, similar occupations and colleges/universities/technical schools that they can attend. Practical experience can be offered typically over a short timeframe.
- **Career Preparation:** provides in depth knowledge and practical experience in their chosen career field. These experiences are structured primarily to give students extensive practice in applying technical and practical knowledge and skills. Career preparation experiences take place over a longer timeframe and involve increased responsibilities.

There are 11 WBL experiences in which students can participate:

WBL Experience

	Training Agreement	Training Plan	Suggested Grade Levels	Related CTE Instruction	Minimum Duration	Paid Option	Standard Unit Of Credit
Job Shadowing	X		6-12	X	Varies by type		
Service Learning	X		6-12	X	Varies by type		
Mentorship	X		6-12	X	Course duration		
Externship	X		6-12	X	40 hours		
School-Based Enterprise	X		6-12	X	Course duration		
Internship	X	X	11-12	X	280 hours	X	X
Entrepreneurship	X		11-12	X	Course duration		
Clinical Experience	X		11-12	X	Varies by type		
Cooperative Education	X	X	11-12	X	280 hours	X	X
Youth Registered Apprenticeship	X		11-12	X	None	X	
Registered Apprenticeship	X		11-12	X	144 hours RTI/	X	
					2,000 hours OJT		

Section II

Work-Based Learning Portfolio

In order for students to receive credit for the applicable work-based learning opportunities, a portfolio must be completed. Specific components of the portfolio will be used to provide the student with a grade.

Portfolio Components

- Training Agreement
- Training Plan – identifies the classroom instruction and the workplace training. Developed by the WBL Coordinator/ISCR, student and employer/host.
 - Student evaluation of Workplace Readiness Skills (every 9 weeks)- 10%
 - Identifies specific duties and task to be performed by student
 - Identifies related classroom instruction that correlates to workplace training
- Student Resume - include career goal and teacher reference with course student is enrolled - 10%
- Documentation of Hours Worked (timesheets)- 20%
- Documentation of Goals - 20%
 - Tracking completion of milestones/goals - Weekly journal
- Teacher/Employer Feedback - Evaluation/ Conference (1 per 9 weeks)
- Documentation of WBL Coordinator/Instructional Specialist for Career Readiness visits
- Final Reflection Project - 40%
 - Participation in CTSO
 - Powerpoint/Google Slides presentation for teacher, advisory, counselor per question
 - Formal essay documenting the value of the experience and how it has shaped career objectives/goals (minimum of 400 words)
 - Vision Board (title sections so it is easy to follow)
 - Other ideas must be approved by the WBL Coordinator/Instructional Specialist for Career Readiness

Project must answer the following questions:

- How will this experience help you with your future career goals?
- Explain in detail your responsibilities
- How did this experience help you to grow personally and/or professionally?
- What would you like to see changed about the program you were in?
- What was the most interesting thing you learned or experienced?

Section III

Job Shadowing

Job Shadowing provides students with the opportunity to interact with and observe trained and experienced individuals in a specific career field. It provides the student with knowledge about the work environment, the education and training required and the basic daily activities and responsibilities. The job shadowing experience is sometimes the first experience for a student after career exploration activities. Students should participate in various job shadowing opportunities to compare career fields of interest.

Each semester, Dinwiddie County Public Schools will provide job shadowing activities to students in 9th through 12th grade. Depending on participating employers, the duration can be 4- 5 hours on one specific day or an entire school day. The job shadow experience will be unpaid and does not provide credit.

Responsibilities

WBL Coordinator/ Instructional Specialist for Career Readiness (ISCR)

- Coordinate with the Dinwiddie County Youth Workforce Manager for potential job shadow hosts
- Market the job shadow experience
- Distribute job shadow application
- Match student career goals with potential hosts
- Conduct an orientation session for selected candidates
- Coordinate applicable logistics of job shadow experience (i.e. transportation, permission slips, training agreement and other required documentation)
- Collect any required assignments from student
- Obtain students' and hosts' feedback

Student

- Complete MajorClarity Assessments
- Updated career pathway selection
- Submit a complete application
- If selected, research the industry and host prior to the job shadow experience
- Return all required documentation
- Comply with all guidelines and rules set by WBL Coordinator/ISCR and assigned host
- Ask relevant questions and actively engage with the host and employees
- Complete a thank you letter for host

Host

- Provide expectations for students
- Confirm logistics with the WBL Coordinator/ISCR
- Communicate with staff about the student's visit
- Provide a relevant and realistic experience to student
- Provide feedback on the experience

Enclosures:

1. Job Shadow Program Host Training Agreement
2. Job Shadow Program Information Sheet (example)
3. Job Shadow Permission Slip
4. Job Shadow Training Agreement (Student, Parent, WBL Coordinator/ISCR)
5. Job Shadow Student Observation and Reflection
6. Job Shadow Host Evaluation



Job Shadowing Program Host Training Agreement

We thank you for participating as a host for our Job Shadowing Program, which is conducted each fall and spring as a part of the Youth Workforce Development Initiative (YWDI) Career Exposure Series. The Job Shadowing Program is intended to provide students with meaningful learning experiences outside of the classroom with the guidance of a professional who currently works within their respective career field. The student assigned to you has expressed an interest in pursuing a career in your field and is visiting you to learn more about your work. To ensure that the student gleans the most from the day, please develop a preliminary schedule and encourage the student to ask questions.

This agreement outlines the responsibilities of your organization identified as the “host” for the job shadowing experience. This form will be kept on record for future job shadowing events. Thank you again for providing this opportunity for a Dinwiddie County High School student.

HOST agrees to:

1. Designate an employee that the student can shadow during a timeframe designated and agreed upon by the host organization, work-based learning (WBL) coordinator, and student.
2. Give the student an orientation to the facility, relevant staff, and any pertinent safety guidelines at the beginning of the job shadowing experience.
3. Assist the student in exploring the career, including providing information on daily and long-term job responsibilities, knowledge and skills required, education and training needed, expected salary range, job outlook, and personal characteristics needed in the career.
4. Notify the WBL coordinator of any concerns and/or issues that arise during the job shadowing experience.
5. Complete any required feedback forms.

Host Organization (Business Name): _____

Industry/Business Type: _____

Address: _____

Signature of Host Contact: _____

Printed Name of Host Contact: _____ Date: _____



Job Shadow Program Information Sheet

The Job Shadowing Day Program is intended to provide students with a meaningful learning experience outside of the classroom with the guidance of a professional currently working within their respective career field.

How does job shadowing work? The Job Shadowing Day Program is a part of the career decision making process that allows students the opportunity to acquire realistic information and applicable experience needed to make sound decisions regarding career choices, away from the classroom. Once a student completes the Job Shadowing Day Program application indicating their career interests, the Job Shadow Committee will work to match students with a local professional related to that career interest. Although every effort will be made to place a student with a host in their selected career choice, there may be times when a host is not available within a reasonable distance or the prospective host is unable to participate due to scheduling conflicts.

Who can participate? Students can participate if they are in the 9th-12th grade at Dinwiddie County High School, hold good academic standing, have a satisfactory attendance and punctuality record, passing grades and demonstrate a good work ethic. There are a limited number of spaces available, so it is very important to complete the required paperwork by the appointed deadline. **LATE applications or incomplete applications** will not be considered. Acceptance will be determined based upon **completed** packets, attendance, grades, and student behavior.

When will the Job Shadowing Day Program take place? The fall Dinwiddie County High School Job Shadow Day will take place **Friday, December 13, 2019**. Students will be placed in a job shadowing opportunity from approximately 8:00 am until 1:30 pm on these dates. Times will depend on the location of assignment.

What is required of the student? Students are required to complete a Job Shadow Application, Job Shadow Training Agreement, and a field trip permission form. Students are to adhere to all statements held within the Job Shadow Training Agreement. Transportation will be provided for students.

Student- Host Match: The Job Shadow Committee will attempt to match students with business hosts based upon career interests indicated on the application form. If a match cannot be done, the student's application will be carried over to the spring Job Shadow Day.

Important Dates

Friday, November 22, 2019	Return permission slip
Thursday, December 5, 2019	Return Job Shadow Training Agreement & GEN Block Meeting
Friday, December 13, 2019	Job Shadow Day
Monday, December 16, 2019	Submit a Job Shadow thank you letter for your host to Ms. Dawn

Cater Point of Contacts:

Ms. Dawn Cater, Instructional Specialist for Career Readiness
Ms. Carly Woolfolk, Director of Secondary Education & CTE

(804) 469-4190 dcater@dcpsnet.org
(804) 469-4190 cwoolfolk@dcpsnet.org

Student's Last Name, First Name

Student Number

Dinwiddie County High School Field Trip Permission Form

Destination of Trip: **Job Shadow**

***** RETURN BY END OF DAY**

(Place in ISCR's mailbox- main office)

Sponsor of Trip: **DCPS CTE Department**

Date of Trip:

Time of Trip: **7:45 AM to 2:15 PM**

The above-named student has my permission to attend the above-named trip. It is my understanding that the cost of the trip will be **\$0** to cover **n/a**, but students will be required to bring their lunch for the day. If the time of the return is after school hours, I shall arrange to meet my child at the return time. I understand that I can call the Sheriff's office for information if the bus has not returned on time. It is understood that the necessary precautions and plans for the care and supervision of the pupils during the trip will be strictly observed. I absolve the school and its representatives from any liabilities.

I have supplied the necessary medical and emergency information relating to this student.

To contact in case of emergency: _____

Telephone Numbers (home/work/cell): _____

Medical conditions the supervisor should be aware of:

Parent/Guardian Signature

Date

As a student attending this trip, I understand it is my responsibility to notify each of my teachers in advance of the trip and to make up all work I will miss within the teacher specified time frame. Further, I understand that if I fail to make up my work on time, I will receive zeros for these assignments. I also understand that my behavior on this trip will determine my participation in future trips. I may not be allowed to attend this field trip if my grades are low in any class and this is at the discretion of each of my teachers.

Student Signature

Date

As a teacher of the above-named student, by signing; I give permission for this student to miss my class. Arrangements will be made for makeup work. **It is understood that teachers can deny permission for the trip by NOT signing below, based on the student's grade, class performance, or if make-up work is needed. Students scheduled for an upcoming SOL and need to remain in class to prepare should not be allowed to participate on this field trip.

Teacher	Period	Class	Teacher's Signature
	1		
	2		
	3		
	4		



Job Shadowing Training Agreement

Student name: _____ Date: _____

Job Shadow Host: _____ Host Location: _____

NOTE: The student should not report to work when inclement weather requires school delays or closings. When possible, rescheduling will be attempted for regular school closures family emergencies or illness.

STUDENT agrees to:

1. Adhere to all information and deadlines set forth in the Job Shadow Program Information Sheet.
2. Demonstrate honesty, courtesy, a cooperative attitude, proper health and grooming habits, and dress in professional business attire, unless instructed otherwise by the host or WBL coordinator.
3. *Conform to the rules and regulations, including all safety requirements, of the workplace. **
4. Demonstrate a willingness to learn by paying close attention to the employer, asking questions about the career and the business, and participating in activities provided.
5. Recognize that there is potential exposure to sensitive information regarding clients, customers, students, or other parties while participating in the job shadowing experience Students should refrain from sharing any and all sensitive information regarding personnel, customers, clients, or other stakeholders.
6. Consult the school WBL Coordinator/ISCR about any difficulties arising at the host site or related to the job shadowing experience.
7. Make up any schoolwork missed due to participation in the job shadowing program.
8. Complete all required assignments during and after the job shadowing experience.

PARENT/GUARDIAN agrees to:

1. Support the WBL experience and encourage competent student participation. *
2. Cooperate with all rules and policies of the school and workplace.
3. Notify the WBL coordinator of any special student needs or concerns that might affect the experience.
4. Ensure student complies with any employer requirements regarding safety and personal protective equipment (PPE) at the workplace, as necessary (e.g., steel-toed shoe requirement; jewelry prohibited).
5. Ensure student reports to school on time for the Job Shadow experience

WBL COORDINATOR agrees to:

1. Ensure that related instruction is provided to help prepare the student for the job shadowing experience. *
2. Cooperate with the job shadowing host and the student to coordinate the details of the job shadow experience to ensure the experience is organized and relates to student career interests.
3. Seek feedback from the student and the host after the job shadow experience.

Students who do not return the form signed will not be permitted to participate in the job shadowing experience.

Please sign and date:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

WBL Coordinator: _____ Date: _____

The Dinwiddie School Board is committed to nondiscrimination in regard to sex, gender, race, color, national origin, disability, religion, ancestry, age, marital status, genetic information or any other characteristic protected by law. This commitment prevails in all of its policies and practices concerning staff, students, educational programs and services, and individuals with whom the Board does business.

**These items meet the requirements of the Work Training Student-Learner Agreement of the Virginia Department of Labor.*

Job Shadow Student Observation and Reflection

Background Information

Student Name: _____ Date: _____

Name of Organization: _____ Job Shadow Date: _____

Host Employer Name: _____ Host Employer Title: _____

In which industry does the host organization operate? Describe the organization (i.e. size, number of employees, products or services): _____

Workplace Observations

Describe the workplace environment:

How are people dressed for the various jobs within the organization?

What careers are present in this organization?

What are some of the knowledge, skills and abilities people does the organization possess?

Reflections

What would you need to get a job in this field (i.e. education/training/experience)?

Are you still interested in this career field? Why or why not?

What else can you do before graduating high school to help you prepare for your future career?

What new questions about this career field did you have because of this experience?

Job Shadow Host Evaluation

Thank you for providing a job shadowing experience to a Dinwiddie County Public School Student. Your support of this program provides students the opportunity to make informed decisions about future careers. Your feedback is requested so that the experience continues to be beneficial and of value to both the student(s) and your organization. Please complete the form and return it with the student or the Work Based Learning Coordinator.

Host Organization: _____ Date: _____

Evaluator: _____ Phone Number: _____

Title of Evaluator: _____ Email: _____

Student Name(s): _____

Please evaluate the student in the following areas:	Exceeded Expectations	Met Expectations	Failed to Meet Expectations	Not Applicable
Punctuality <i>Reported on time</i> <i>Departed on time</i>				
Appearance <i>Grooming</i> <i>Dressed appropriate for work environment</i>				
Professional Conduct <i>Behaved professionally</i> <i>Avoided distractions</i>				
Communication <i>Related well to host employees</i> <i>Asked appropriate questions</i> <i>Demonstrated interested</i>				
Overall Evaluation of the Job Shadowing Host Experience				

Additional Comments:

Would you be willing to participate in our job Shadowing Program in the future? Yes / No

Section IV

Mentorship

Mentorship is a work-based learning experience where guidance is provided to students by a mentor who is an experienced person in an organization or academia. The students are provided an opportunity to interact with an individual to get firsthand experience in a career field of interest to the student(s). This experience can be provided in large and small group settings.

Students that are selected for the mentorship experience must have completed a career inventory and exploration activities prior to meeting with a mentor. Coordination between the WBL Coordinator/Instructional Specialist for Career Readiness (ISCR) and the Youth Workforce Development Manager will identify potential mentors in various career fields.

Responsibilities

WBL/ISCR

- Identify potential mentors
- Review student career pathway selections for matches
- Counsel students on expectations
- Confirm logistics (location, schedule, duration, potential field trips...)
- Distribute and collect paperwork (training agreement, permission slips, feedback, and evaluation forms...)
- Facilitate mentoring sessions
- Track student hours (if applicable)

Student

- Complete MajorClarity Assessments
- Updated career pathway selection
- If selected, research the industry and mentor's organization prior to the mentorship experience
- Return all required documentation and participate in any required orientation
- Comply with all guidelines and rules set by WBL Coordinator/ISCR and assigned mentor
- Ask relevant questions and actively engage with the mentor
- Complete required feedback form

Mentor

- Provide expectations for students
- Coordinate logistics with the WBL Coordinator/ISCR
- Provide a relevant and realistic experience to student
- Provide feedback on the experience

Enclosures:

1. Mentorship Program Training Agreement
2. Mentor Participation Interest Form
3. Mentorship Evaluation (for Mentors)
4. Mentorship Feedback and Reflection for Students

Mentorship Training Agreement

Student Name: _____

Mentor Name: _____

Location of Mentorship: _____

Dates of Mentorship: _____

NOTE: If mentorship sessions are not held at the Dinwiddie HS: in the event of inclement weather and school delays or closings, student should not report to the mentorship. Time will be rescheduled if possible.

STUDENT agrees to:

1. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, and appropriate dress during mentorship.
2. *Conform to the rules and regulations, including all safety requirements as applicable. **
3. Demonstrate a willingness to learn by paying close attention to the employer, asking questions about the career and the business, and participating in all activities provided.
4. If mentorship is at mentor's organization, the student will recognize that there is potential exposure to sensitive information regarding clients, customers, students, or other parties while participating in the mentorship experience. Students should refrain from sharing any and all sensitive information regarding personnel, customers, clients, or other stakeholders.
5. Consult the WBL coordinator about any difficulties related to the mentorship program.
6. Make up any schoolwork missed due to participation in the mentorship program.
7. Complete required assignments during and after the mentorship experience.

MENTOR agrees to:

1. Designate one person to serve as a mentor during a timeframe designated and agreed upon by the mentor, WBL coordinator, and student.
2. *If mentorship is at mentor's organization: give the student an orientation to the facility, relevant staff, and any safety guidelines at the beginning of the mentorship experience. **
3. Assist the student in exploring the career, including daily and long-term job responsibilities, knowledge and skills required, education and training needed for this or related careers, expected salary range, job outlook, personal characteristics needed in the career.
4. Notify the WBL coordinator of any difficulties that arise during the mentorship experience.
5. Complete any required feedback forms.

PARENT/GUARDIAN agrees to:

1. Support the WBL experience and encourage competent student participation.
2. *Be responsible for the transportation and safety of the student while traveling to and from the workplace (if applicable). **

3. Cooperate with all rules and policies of the mentorship program.
4. Notify the WBL coordinator of any special student needs or concerns that might affect the experience.
5. *If mentorship is at mentor's organization: ensure student complies with any employer requirements regarding safety and personal protective equipment (PPE) at the workplace as necessary (e.g., steel-toed shoe requirement; jewelry prohibited). **

WBL COORDINATOR agrees to:

1. *Ensure related instruction is provided to help prepare the student for the mentorship experience. **
2. Cooperate with the mentor and the student to coordinate the details for the mentorship, ensure the experience is organized, and that it relates to student career interests.
3. Evaluate the student's progress and performance throughout the project.
4. Seek feedback from the student and mentor after the mentorship experience.

This form must be returned prior to the WBL experience date. Students who do not return the form signed will not be permitted to participate in the mentorship.

Please sign and date:

Student _____ Date _____

Parent/Guardian _____ Date _____

Mentor _____ Date _____

WBL Coordinator/ISCR _____ Date _____

The Dinwiddie School Board is committed to nondiscrimination in regard to sex, gender, race, color, national origin, disability, religion, ancestry, age, marital status, genetic information or any other characteristic protected by law. This commitment prevails in all its policies and practices concerning staff, students, educational programs and services, and individuals with whom the Board does business.

**These items meet the requirements of the Work Training Student-Learner Agreement of the Virginia Department of Labor.*

Mentor Participation Interest Form

Mentorships help students learn about career opportunities and make better-informed decisions about the education and training required to attain their career goals. Mentorship settings will consist of small groups of students that have an interest in the mentor's career. Once this form has been submitted, the WBL coordinator/Instructional Specialist for Career Readiness (ISCR) will confirm receipt, send you more information about the mentorship program, student candidates, and work with you to plan an outstanding mentorship experience.

Company/organization: _____

Industry/business Type: _____

Address: _____

Main Contact Name: _____

Phone Number: _____ Email: _____

Best day(s) to conduct mentorship: _____

Would students be able to visit your organization during the mentorship? Yes ___ No ___

Signature: _____ Date _____

For more information or questions, please contact the WBL coordinator/ISCR:

WBL Coordinator/ISCR: _____

Phone Number: _____ Email: _____

Mentorship Evaluation (for Mentors)

Thank you for taking the time to mentor Dinwiddie County Public School students. Your support of this program provides students with opportunities to make better decisions about their future careers. Your feedback is valuable to ensuring high-quality mentorship experiences in the future. Please complete this form and return it to the WBL coordinator/ISCR.

Mentor Name:	Phone Number:
Title:	Email:
Organization:	
Student Name:	Dates of Mentorship:

Please evaluate the student in the following areas.	Exceeded Expectations	Met Expectations	Failed to Meet Expectations	Not Applicable
PUNCTUALITY Reported at appropriate time Departed at appropriate time				
PROFESSIONAL APPEARANCE Clothing Grooming				
PROFESSIONAL CONDUCT Observed professional behavior of employees Behaved professionally at workplace				
COMMUNICATION Related well to host and others Asked appropriate questions Demonstrated interest				
OVERALL EVALUATION Mentor experience				

Would you be willing to host another student in the future? YES NO

Mentorship Feedback and Reflection for Students

Student Name: _____ Date Submitted: _____

Name of Mentor: _____

Mentor's Organization: _____

Mentor's Career Field: _____

Rate the following from 1-5, with one indicating strong agreement and five indicating strong disagreement:	1	2	3	4	5
The mentorship experience met my expectations					
My mentor provided valuable information and experiences					
I developed my communication, interpersonal and professional skills					
I was able to identify, redefine or solidify my career goals					
The mentorship placement was appropriate to my career goals					
I gained insight into the future stages of my career					

What are your career goals? _____

What steps do you need to take to enter this career field? _____

What insights did I gain from this mentorship experience? _____

Section V Externship

An externship is a relatively short WBL experience (minimum of 40 hours) in which students are assigned to professionals to explore the day-to-day activities associated with careers. It is basically an extended job shadowing experience. This is an opportunity for students to develop their workplace readiness skills while gaining valuable insight into various careers. Dinwiddie County Public Schools' externship opportunities include but are not limited to Summer Work-Based Learning, Work-Study and the Teen Staff Program. If the student remains in the Teen Staff program beyond the first semester, it will be then considered an internship opportunity due to the increased hours. Teacher recommendations will be part of the application process for work-study. The WBL Coordinator/ISCR will coordinate with the Dinwiddie County Youth Workforce Development (YWD) Manager to identify potential hosts for the Summer Work-Based Learning Program.

Responsibilities

WBL Coordinator/ISCR

- Identify potential externship hosts
- Review student career pathway selections for matches
- Counsel students on expectations
- Distribute and collect paperwork (training agreement, feedback, and evaluation forms...)
- Facilitate training and counseling sessions
- Track student hours
- Ensure student is placed in a safe environment

Student

- Complete MajorClarity Assessments
- Updated career pathway selection
- Submit a completed application
- Participate in any required orientation
- Comply with all guidelines and rules set by WBL Coordinator/ISCR and YWD Manager
- Ask relevant questions and actively engage with assigned supervisor
- Complete required feedback form
- Complete portfolio requirements

Host/Supervisor

- Provide expectations for students
- Ensure students are placed in an environment that adheres to all safety guidelines
- Coordinate logistics with the WBL Coordinator/ISCR
- Provide a relevant and realistic experience to student
- Provide feedback on the experience

Enclosures:

1. Training Agreement
2. Lunch status request
3. Work Study Confidentiality Form
4. Work Study Overview From

Externship (Work Study) Training Agreement

Student's Name	Program
School: DHS	School Division DCPS
Training Station	Address:
Job Title:	On-the-job Supervisor:
Age of Student:	

***PURPOSE:** The purpose of this agreement is to: (1) provide the terms of the student's employment (2) outline the responsibilities of all parties involved and (3) ensure the employment complies with federal and state labor law requirements.

STUDENT-TRAINEES agree to:

1. Attend school and work regularly. The student-trainee will notify the Work Based Learning Coordinator (WBL)/Instructional Specialist for Career Readiness (ISCR).
2. Perform training station responsibilities efficiently.
3. Show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.
4. *Conform to the rules and regulations, including all safety requirements, of the training station. **
5. Maintain training logs and make available to teacher-coordinator.
6. Consult the WBL Coordinator/ISCR about any difficulties arising at the training station or related to the training program.
7. Demonstrate willingness to learn by being attentive, asking questions and participating in activities provided.
8. Participate in the career and technical education student organization and other school activities required in connection with the work-based learning program.
9. Attend any training and counseling sessions held by the WBL Coordinator/ISCR and complete all required assignments related to this experience.

**Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry*

SUPERVISOR agrees to:

1. *Give the student an orientation to the facility, relevant staff, and any pertinent safety guidelines at the beginning of the externship experience.**
2. Notify the WBL coordinator of any difficulties that arise during the externship experience.
3. Consult the coordinator as soon as possible regarding work-related problems.
4. Deny student-trainees the privilege of working on days they are absent from school unless the coordinator has given advance permission.
5. Provide time for consultation with the WBL Coordinator/ISCR to evaluate students' on-the-job performance.
6. Complete any required evaluation/feedback forms.
7. Assist student in completing their timesheets (if applicable).

PARENTS/GUARDIANS agree to:

1. Support the externship experience and encourage competent participation of student-trainees.
2. *Be responsible for the transportation of students to and from the training station. **
4. Cooperate with all rules and policies of the school and training station.
5. Be aware that students are **not** allowed to report to the training station on days they are absent from school unless they receive permission from coordinator.
6. Notify the WBL Coordinator/ISCR of any special student needs or concerns that might affect the experience.
7. *Ensure the student complies with any employer requirements regarding safety and personal protective equipment (PPE) at the workplace as necessary (e.g., steel-toed shoe requirement; jewelry prohibited).**

WBL COORDINATOR/ISCR agree to:

- *1. Ensure student receives related classroom instruction, including safety procedures.*
2. Cooperate with training station sponsors in developing appropriate training activities related to student-trainees' career interests. *

*Meets requirements of the *Work-Training Student Learner Agreement, Virginia Department of Labor and Industry*

3. Make periodic visits to training stations to observe student, to consult with training supervisors, and to assist with any problems.
4. Evaluate and assess student progress.
5. Document and address any workplace incidents or injuries.
6. Collect feedback from the student and the supervisor prior to the end of the externship experience.

Please sign and date:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Supervisor: _____ Date: _____

WBL Coordinator/ISCR: _____ Date: _____

The Dinwiddie School Board is committed to nondiscrimination in regard to sex, gender, race, color, national origin, disability, religion, ancestry, age, marital status, genetic information or any other characteristic protected by law. This commitment prevails in all of its policies and practices concerning staff, students, educational programs and services, and individuals with whom the Board does business.

Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry

Dinwiddie County High School

11501 Boisseau Road, P.O. BOX 299

Dinwiddie, Virginia 23041

(804) 469-4280 / Fax (804) 469-2093

Melissa S. von Poks
Assistant Principal

Sharon L. Gibbs
Assistant Principal

Robbie M. Garnes
Principal



Jeffrey D. Walters
Assistant Principal

Bradley G. Atkins
Director of Student Activities

To Whom It May Concern,

I give you permission to release the free and/or reduced lunch status concerning my child,

_____ to the Instructional Specialist for Career

Readiness at Dinwiddie County Public Schools. This information will assist in the placement of my child in the Work Study Program.

Thank you in advance.

Parent Signature

Date



Statement of Confidentiality for Student Workers

The office in which you will be working handles sensitive matters and confidential information. Any information that is not public knowledge must be kept in strict confidence.

Confidential information refers to all sensitive matters, personal and financial data and information relating to the students, staff and faculty of Dinwiddie County Public Schools.

I have read the above confidentiality statement and agree that I will not disclose any information of a confidential nature. I realize that disclosure of any information of this nature may result in my immediate dismissal from the work study program.

Student Name

Parent/Guardian Name

Student Signature

Parent Signature

Date

Date



Dinwiddie High School Work Study Program

1. The work-study program provides students an opportunity to develop their workplace readiness skills while receiving school credit. Students are paired with professional officer personnel in a learn-by-doing environment to ensure careful supervision and a beneficial learning experience. The positions can be paid or unpaid. Student eligibility will determine paid positions and are on a first-come, first-serve basis.
2. The work-based learning coordinator will periodically visit each student to assure that the working conditions and student performance remains satisfactory.
3. Students will be required to complete a work-based learning portfolio in order to receive credit.
4. Students will participate in weekly training sessions with a business education teacher to develop and enhance their skills with Microsoft Office programs and earn an industry credential in Word, Excel and/or PowerPoint.
5. Each work-study student is responsible for his/her badge. The badge will be worn at all times during the work-study period.
6. Each work-study student is expected to represent Dinwiddie County Public Schools in a positive manner and will abide by all school rules and policies.

Student's Name _____

Student's Signature _____ Date _____

Parent/Guardian's Name _____

Parent/Guardian Signature _____ Date _____

Section VI

Cooperative Education

Cooperative education is a work-based experience that is directly related to the student's career goals. The student's work experience builds on the relevant classroom instruction. A written training plan developed by the WBL Coordinator/ISCR along with the classroom instructor provides specific tasks and workplace skills the student is expected to master. A minimum of 280 hours within the school year is required. School counselors will code cooperative education under independent study. Cooperative education is a paid work experience. Cooperative education experiences must be in compliance with federal and state labor laws. If the student does not have employment that is relevant to their career goals, the WBL Coordinator/ISCR can coordinate with the Dinwiddie County YWD Manager to identify potential employers. Cooperative education must be continuous throughout the year, even if the school is on a block schedule, where the student has the associated CTE course for one semester.

Student Placement Criteria

- The student must be at least 16 years old, unless an employment certificate is obtained.
- The placement is directly relevant to a course within a pathway that the student is currently enrolled
- Student receives a training plan that is based on tasks and objectives related to classroom instruction
- Student has a training agreement that is signed by the student, employer, parent/guardian, teacher and the WBL Coordinator/ISCR
- Student is paid in accordance with state and federal laws
- Student is mentored by an assigned employee

Required Documentation

The WBL Coordinator/ ISCR must maintain the following records for each cooperative education student:

- Training Agreement
- Training Plan
- Course competency record
- Local wage and hour information
- Documentation on worksite visits and any out-of-school coordination activities

Responsibilities

WBL Coordinator/ISCR

- Review career assessments and goals in MajorClarity
- Ensure student is enrolled or planning to enroll in a CTE course that correlates to the requested cooperative education experience
- Identify potential employers if student's current employment is not relevant
- Use CTE course competencies as a basis for developing the training plan
- Counsel students on expectations
- Distribute and collect paperwork (training agreement, feedback, and evaluation forms...)

- Facilitate training and counseling sessions on workplace readiness skills and techniques
- Track student hours
- Periodically visit worksite to observe student and confer with employer concerning student progress and performance
- Document visits, conferences, training and counseling sessions
- Confer with the relevant CTE classroom teacher regarding worksites, student placement, training plan and student progress and job performance
- Ensure local, state and federal laws relating to minors in the workplace are followed

Student

- Complete MajorClarity Assessments
- Update career pathway selection
- Submit a completed WBL application
- Participate in any required orientation
- Comply with all guidelines and rules set by WBL Coordinator/ISCR, YWD Manager and employer
- Complete and return all required documents for employment (employer, federal and state)
- Ask relevant questions and actively engage with assigned supervisor
- Complete required feedback form
- Complete portfolio requirements

Host/Supervisor

- Provide expectations for students
- Ensure students are placed in an environment that adheres to all safety guidelines
- Coordinate logistics with the WBL Coordinator/ISCR
- Provide a relevant and realistic experience to student
- Provide feedback on the experience

Enclosures:

1. Training Agreement
2. Sample Training Plan
3. Employer Participation Form
4. Employer Feedback Form
5. Sample Time Log

Cooperative Education (Independent Study) Training Agreement

Student's Name:	School:
Applicable Academic Course:	Training Location:
Address:	Phone Number:
Job Title:	On-the-job Supervisor:
Age of Student:	

***PURPOSE:** The purpose of this agreement is to: (1) provide the terms of the student's employment, (2) outline the responsibilities of all parties involved, and (3) ensure the employment complies with federal and state labor law requirements.

STUDENT-TRAINEES agree to:

1. Attend school and work regularly. The student-trainee will notify the school and employer by a designated time on any day absent. When a student is absent, he/she is **not** permitted to work that day unless advance permission has been given by the Work Based Learning (WBL) Coordinator/Instructional Specialist for Career Readiness (ISCR).
2. Perform workplace responsibilities efficiently.
3. Show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.
4. *Conform to the rules and regulations, including all safety requirements, of the training station. **
5. Adhere to all screenings and background checks and obey laws.
6. Complete the required portfolio items.
7. Consult the WBL Coordinator/ISCR about any difficulties arising at the training station or related to the training program.
8. Participate in the career and technical education student organization and other school activities required in connection with the work-based learning program.

**Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry*

EMPLOYER agrees to:

1. Provide students the opportunity to work a minimum average of 280 hours over the entire experience. If school performance becomes unsatisfactory, a maximum level of hours will be established. (Employers are encouraged to allow students to leave work at a **reasonable** time on school nights.)
2. *Provide organized and progressive occupational experiences as outlined in the training plan and to expose students to as many aspects of the operation as possible. **
3. Assist students in completing job-related projects and to provide available instructional materials and occupational guidance. *
4. *Adhere to federal and state regulations regarding labor laws, safety regulations, tax credits, and other applicable legislation. **
5. *Provide work experiences that shall be intermittent and for short periods of time and be under the direct supervision of a qualified and experienced person. **
6. *Ensure that work of the student learner in the occupations declared particularly hazardous shall be incidental to the training. **
7. Correlate the safety instruction given by the school with the on-the-job training.
8. Adhere to non-discrimination on the basis of race, color, national origin, sex, disability or age.
9. Consult the WBL Coordinator/ISCR as soon as possible regarding work-related problems.
10. Employ student-trainees throughout the semester or the school year, provided their job and school performances remain satisfactory.
11. Deny student-trainees the privilege of working on days they are absent from school unless the coordinator has given advance permission.
12. Provide time for consultation with the coordinator to evaluate students' on-the-job performance.

**Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry*

13. Inform the WBL coordinator if a registered sex offender is employed or hired during the student's WBL experience. Recognize that a student cannot be in contact with a registered offender, and therefore this could impact the school's ability to continue partnership with the company through part of a school-based program.

PARENTS/GUARDIANS agree to:

1. Support the cooperative method of education and encourage competent participation of student-trainees.
2. *Assume responsibility for the safety of students from the time they leave school until they report to the job and from the time they leave the job until they arrive at home. **
3. Be responsible for transportation of students to and from the training station.
4. Cooperate with all rules and policies of the school and training station.
5. Be aware that students are **not** allowed to report to the training station on days they are absent from school unless they receive permission from coordinator.

WBL COORDINATOR/ISCR and TEACHER agree to:

1. *Provide related classroom instruction, including safety procedures. **
2. *Collectively assume responsibility for initiating and developing individual training plans and ensuring that each plan is followed until it is mutually agreed to modify it. **
3. *Cooperate with employers in developing appropriate training activities related to student-trainees' career interests. **
4. *Make periodic visits to training stations to observe student-trainees, to consult with training sponsors, and to assist student-trainees with any problems. **
5. Assist in the evaluation of students.
6. Provide current information concerning students' progress in program.
7. Document and address any workplace safety issues and/or incidents

**Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry*

Please sign and date:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Teacher: _____ Date: _____

WBL Coordinator/ISCR: _____ Date: _____

Employer: _____ Date: _____

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**Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry*

Cooperative Education Training Plan

Purpose

The purpose of the training plan is to assist the student in making a successful transition from student to employee. The training plan serves as a guide between the school and the employer to provide training for students that will enable them to meet an identified career objective. The training plan is not a contract and can be modified in accordance with the needs of the student and/or the employer.

Procedure

The teacher-Work-Based Learning (WBL) coordinator assumes primary responsibility for the development of an individualized training plan for the student. The teacher-WBL coordinator identifies learning experiences that must be provided for the student either in the classroom or on the job.

The employer (the student's immediate supervisor) is then asked to assist the teacher-WBL coordinator by

- identifying tasks for which training can be provided at the workplace using the training plan
- adding tasks to the training plan that are unique to the workplace
- supervising the student's training for specific job tasks
- assessing the student's strengths and weaknesses in completing tasks at the workplace.

The teacher-WBL coordinator visits the workplace periodically to discuss the student's progress. Advice from the employer is used to make modifications in the student's cooperative education experience and to determine specific classroom instruction that can be provided to support student growth.

Orientation Checklist for Employers*

1. Introduce students to all persons with whom they will have contact.
2. Show students the locations of offices, equipment, and supplies they will use.
3. Explain the duties of the students' first assignments.
4. Inform students as to who will be responsible for their work assignments and supervision.
5. Inform co-workers of their relationship to students and solicit their cooperation.
6. Inform students of arrival time, quitting time, check-in procedures and check-out procedures.
7. Inform students of lunch times, office procedures, and regulations.
8. Inform students of facilities available, such as restrooms, lunchroom, telephone, coat rack, etc.
9. Inform students of time-recording procedures, pay schedule, payroll deductions, and computation of wages.
10. Inform students about dress code expectations.
11. Inform students about any information that is to be kept confidential.
12. Familiarize students with employee benefits.
13. Inform students of clauses in a union agreement, if any, that pertain to students in cooperative education programs.
14. Inform students of career opportunities with the employer.

**These activities may be covered in orientation materials provided by the employer.*

SAMPLE TRAINING PLAN

Student _____

School _____

Job Title _____

Job Location _____

Beginning Employment Date _____

Supervisor _____

Rate of Pay _____

Rating Scale: 4- Task introduced (training period)

3 – Performs task under supervision

2- Performs task with minimum supervision

1 – Initiates task and performs wwith speed and accuracy

0 – Not applicable

Job Tasks	On-the-Job Instruction	Related Classroom Instruction	*Meeting with Classroom Teacher (List Dates)	Evaluation Visits and Ratings						Comments
				Date / /	Date / /	Date / /	Date / /	Date / /	Date / /	

" In programs where cooperative education experiences are *options* , teacher-WBL coordinators may supervise students from other classes within a program area where the number of students enrolled in cooperative education does not justify an additional teacher-WBL coordinator. In those instances, the teacher-WBL coordinator must meet with the students' classroom teacher before visiting students on the job.

Cooperative Education

Training Plan Evaluation Summary Sheet

Visit #1

Date: _____

Comments: _____

Employer Signature: _____ Student Signature: _____

Visit #2

Date: _____

Comments: _____

Employer Signature: _____ Student Signature: _____

Visit #3

Date: _____

Comments: _____

Employer Signature: _____ Student Signature: _____

Cooperative Education Employer Participation Form

Cooperative education links classroom instruction with paid workplace experiences that correlate to the student's career goals. Students can receive credit for the cooperative education by working a minimum of 280 hours and fulfilling the portfolio requirement. Once this form is completed and returned to the Work Based Learning (WBL) Coordinator/Instructional Specialist for Career Readiness (ISCR) you will receive additional information about the cooperative education program and training agreement. The WBL Coordinator/ISCR will work with both you and the student's teacher in developing a training plan.

Company/organization: _____

Industry/business Type: _____

Address: _____

Main Contact Name: _____

Phone Number: _____ Email: _____

Department/Area in which student would be employed: _____

Student's position: _____

Days and hours of employment: _____

Printed Name/Position: _____

Signature: _____

For more information or questions, please contact the WBL coordinator/ISCR:

WBL Coordinator/ISCR: _____

Location: _____

Phone Number: _____ Email: _____

Cooperative Education Employer Feedback Form

Thank you for taking the time to provide valuable workplace experience and insight into the career field of interest to the student. Your support of this program provides students with opportunities to make better decisions about their future careers. Your feedback is valuable to ensuring high-quality cooperative education experiences in the future. Please complete this form and return it to the WBL coordinator/ISCR.

Supervisor Name:	Phone Number:
Title:	Email:
Organization:	
Student Name:	Dates of Employment:

Please evaluate the student in the following areas.	Exceeded Expectations	Met Expectations	Failed to Meet Expectations	Not Applicable
PUNCTUALITY Reported at appropriate time Departed at appropriate time				
PROFESSIONAL APPEARANCE Clothing Grooming				
PROFESSIONAL CONDUCT Behaved professionally at workplace				
COMMUNICATION Related well to supervisor and others Asked appropriate questions Demonstrated interest				
TECHNICAL SKILLS Knowledgeable about skills required Performed tasks with proficiency				

Would you continue participation in the cooperative education program? YES / NO

Sample Cooperative Education Time Log

Student Name: _____ Job Title: _____

Employer: _____ Location: _____

Date	Start Time	End Time	Comments

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Section VII

School-Based Enterprise

A school-based enterprise is student-run, entrepreneurial operation within the school. It provides goods or services to students, teachers, administrators, parents/guardians, community members, community organizations/businesses. School-based enterprises replicate the workplace to provide career insights and relevant experiences for the student. School-based enterprises are cooperative with oversight from the applicable classroom teacher. Teachers work with those students assigned improving their managerial decision-making skills. The WBL Coordinator/ISCR will verify that the experience for each student is a combination of classroom instruction and real-world entrepreneurial experiences that develop their management and leadership skills. Teachers will work with the WBL Coordinator/ISCR in establishing clear documented goals for each student. Students that participate in school-based enterprise receive credit within the CTE course.

Examples of instructional courses to which school-based enterprise can be typed include but are not limited to:

- Culinary Arts
- Agriculture greenhouse plant sales
- Childcare programs
- Retail stores
- Credit Union
- Automotive services
- Building & Trades services

Responsibilities

WBL Coordinator/ISCR

- Review career assessments and goals in MajorClarity
- Ensure student is enrolled in a CTE course that correlates to the school-based enterprise experience
- Coordinate with the applicable teacher in counseling students on expectations
- Distribute and collect paperwork (training agreement, feedback, and evaluation forms...)
- Facilitate training and counseling sessions on workplace readiness skills and techniques
- Track student hours
- Periodically visit worksite to observe student and confer with the applicable teacher concerning student progress and performance
- Document visits, conferences, training and counseling sessions
- Ensure local, state and federal laws relating to minors in the workplace are followed

Student

- Complete MajorClarity Assessments
- Update career pathway selection
- Submit a completed WBL application (must be reviewed and approved by the applicable course teacher)
- Participate in any required orientation
- Comply with all guidelines and rules set by WBL Coordinator/ISCR and Course teacher
- Complete required feedback form

Course Teacher

- Provide expectations for students
- Ensure students are placed in an environment that adheres to all safety guidelines
- Coordinate logistics with the WBL Coordinator/ISCR
- Provide a relevant and realistic experience to student
- Provide feedback on the experience

Enclosures:

1. School-Based Enterprise Training Agreement
2. School-Based Enterprise Sample Time Log
3. School-Based Enterprise Student Reflection Form

School-Based Enterprise Training Agreement

Student's Name:	Program:
School:	Course Teacher:
Location of school-Based Enterprise:	Days/Hours Assigned:

***PURPOSE:** The purpose of this agreement is to: (1) provide the terms of the student's employment, (2) outline the responsibilities of all parties involved, and (3) ensure the employment complies with federal and state labor law requirements.

STUDENT agrees to:

1. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, and appropriate dress while at the workplace.
2. *Conform to the rules and regulations, including all safety requirements and acceptable use policies, of the workplace.**
3. Adhere to all screenings and background checks and obey laws.
4. Demonstrate a willingness to learn by paying close attention, asking questions, and participating in activities provided.
5. Recognize that there is potential exposure to sensitive information regarding clients, customers, students, or other parties while participating in the school-based enterprise experience. Students should refrain from sharing any and all sensitive information regarding personnel, customers, clients, or other stakeholders.
6. Consult the Work Based Learning Coordinator/Instructional Specialist for Career Readiness about any difficulties related to the school-based enterprise.
7. Make up missed work resulting from participation in the school-based enterprise.
8. Complete all required assignments related to the school-based enterprise experience. .

SCHOOL-BASED ENTERPRISE SUPERVISOR (CTE Teacher) agrees to:

1. Give the student an orientation to school-based enterprise location and any pertinent safety guidelines at the beginning of the school-based experience.
2. Assist the student in exploring daily and long-term job responsibilities, knowledge and skills required, education and training needed, and personal characteristics needed to be successful in school-based enterprise experience.
3. Notify the WBL Coordinator/ISCR of any difficulties that arise during the school-based enterprise experience.

**These items meet the requirements of the Work Training Student-Learner Agreement of the Virginia Department of Labor.*

PARENT/GUARDIAN agrees to:

1. Support the WBL experience and encourage competent student participation.
2. *Be responsible for the transportation and safety of the student while traveling to and from the workplace (if applicable).**
3. Cooperate with all rules and policies of the school and workplace.
4. Notify the WBL Coordinator/ISCR of any special student needs or concerns that might affect the experience.
5. *Ensure the student complies with any employer requirements regarding safety and personal protective equipment (PPE) at the workplace as necessary (e.g., steel-toed shoe requirement; jewelry prohibited).**

WBL COORDINATOR/ISCR agrees to:

1. *Ensure that related classroom instruction is provided to prepare the student for the WBL experience.**
2. Cooperate with the school-based enterprise supervisor and the student to coordinate the details of the experience, ensure the experience is organized, and that it relates to student career interests.
3. Evaluate the student's progress and performance throughout the project.
4. Document and address any workplace incidents or injuries via the student incident form.
5. Seek feedback from the student and the school-based enterprise supervisor after the experience.

This form must be returned prior to the WBL experience date. Students who do not return the form signed will not be permitted to participate.

Please sign and date:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

CTE Teacher: _____ Date: _____

WBL Coordinator: _____ Date: _____

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**These items meet the requirements of the Work Training Student-Learner Agreement of the Virginia Department of Labor.*

School-Based Enterprise Student Reflection Form

Student Name: _____ Date Submitted: _____

Name of School-Based Enterprise: _____

Job Title: _____ Dates of Work: _____

CTE Course Title: _____

Observations and Reflections

What knowledge, skills, and abilities were required in my role; and did I feel equipped for my role through my CTE training?

What challenges did I encounter; were these expected or unexpected; and how did I respond to them?

What new skills or knowledge did I gain from working in the school-based enterprise?

What part of my job was easy for me; what did I do well while working in the school-based enterprise?

What part of my job did I find difficult; and what skills or knowledge can I strengthen?

What did this experience teach me about my desired career?

In what ways might this school-based enterprise be improved to better meet the needs of the school community?

Section VIII

Internship

Internship is a WBL experience that provides the student with real workplace experiences in an environment that is specific to the student's career goals. Internships may be paid or unpaid. Paid internships must be in compliance with federal and state labor laws. Unlike cooperative education, internships can be paid or unpaid. This experience is also relevant to classroom learning and accompanied by structured reflection activities. Students participating in internships are guided by a formal, written training plan that defines specific academic and workplace skills to be mastered. Internships must be continuous throughout the year, even if the school is on a block schedule, where the student has the associated CTE course for one semester.

Responsibilities

WBL Coordinator/ISCR

- Review career assessments and goals in MajorClarity
- Ensure student is enrolled or planning to enroll in a CTE course that correlates to the requested cooperative education experience
- Identify potential employers if student's current employment is not relevant
- Use CTE course competencies as a basis for developing the training plan
- Counsel students on expectations
- Distribute and collect paperwork (training agreement, feedback, and evaluation forms...)
- Facilitate training and counseling sessions on workplace readiness skills and techniques
- Track student hours
- Periodically visit worksite to observe student and confer with employer concerning student progress and performance
- Document visits, conferences, training and counseling sessions
- Confer with the relevant CTE classroom teacher regarding worksites, student placement, training plan and student progress and job performance
- Ensure local, state and federal laws relating to minors in the workplace are followed

Student

- Complete MajorClarity Assessments
- Update career pathway selection
- Submit a completed WBL application
- Participate in any required orientation
- Comply with all guidelines and rules set by WBL Coordinator/ISCR and employer
- Complete and return all required documents for employment (employer, federal and state)
- Ask relevant questions and actively engage with assigned supervisor
- Complete required feedback form
- Complete portfolio requirements

Employer

- Provide expectations for students
- Ensure students are placed in an environment that adheres to all safety guidelines
- Create a job description

- Collaborate with the WBL Coordinator/ISCR in developing a training plan with specific benchmarks and goals for the student
- Orient the intern to the workplace
- Provide a relevant and realistic experience to student
- Document and assess student performance
- Provide feedback on the experience

Enclosures:

1. Internship Employer Participation Form
2. Internship Training Agreement
3. Sample Internship Training Plan
4. Sample Internship Time Log
5. Internship Student Feedback and Reflection Form
6. Internship Employer Feedback Form

Internship Employer Participation Form

Internship connects classroom instruction with paid or unpaid workplace experiences that correlate to the student's career goals. Students can receive credit for the internship experience by working a minimum of 280 hours and fulfilling the portfolio requirements. Once this form is completed and returned to the Work Based Learning (WBL) Coordinator/Instructional Specialist for Career Readiness (ISCR) you will receive additional information about the internship program and training agreement. The WBL Coordinator/ISCR will work with both you and the student's teacher in developing a training plan.

Company/organization: _____

Industry/business Type: _____

Address: _____

Main Contact Name: _____

Phone Number: _____ Email: _____

Department/Area in which student would be employed: _____

Student's position: _____

Will this internship be paid or unpaid? _____

Days and hours of employment: _____

Printed Name/Position: _____

Signature: _____

For more information or questions, please contact the WBL coordinator/ISCR:

WBL Coordinator/ISCR: _____

Location: _____

Phone Number: _____ Email: _____

Internship (Independent Study) Training Agreement

Student's Name:	School:
Applicable Academic Course:	Training Location:
Address:	Phone Number:
Job Title:	On-the-job Supervisor:
Age of Student:	

***PURPOSE:** The purpose of this agreement is to: (1) provide the terms of the student's employment, (2) outline the responsibilities of all parties involved, and (3) ensure the employment complies with federal and state labor law requirements.

STUDENT-TRAINEE agrees to:

1. Attend school and work regularly. The student-trainee will notify the school and employer by a designated time on any day absent. When a student is absent, he/she is **not** permitted to work that day unless advance permission has been given by the Work Based Learning (WBL) Coordinator/Instructional Specialist for Career Readiness (ISCR).
2. Perform workplace responsibilities efficiently.
3. Show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.
4. *Conform to the rules and regulations, including all safety requirements, of the training station. **
5. Adhere to all screenings and background checks and obey laws.
6. Complete the required portfolio items.
7. Consult the WBL Coordinator/ISCR about any difficulties arising at the training station or related to the training program.
8. Participate in the career and technical education student organization and other school activities required in connection with the work-based learning program.

**Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry*

EMPLOYER agrees to:

1. Provide students the opportunity to work a minimum average of 280 hours over the entire experience. If school performance becomes unsatisfactory, a maximum level of hours will be established. (Employers are encouraged to allow students to leave work at a **reasonable** time on school nights.)
2. *Provide organized and progressive occupational experiences as outlined in the training plan and to expose students to as many aspects of the operation as possible. **
3. Assist students in completing job-related projects and to provide available instructional materials and occupational guidance. *
4. *Adhere to federal and state regulations regarding labor laws, safety regulations, tax credits, and other applicable legislation. **
5. *Provide work experiences that shall be intermittent and for short periods of time and be under the direct supervision of a qualified and experienced person. **
6. *Ensure that work of the student learner in the occupations declared particularly hazardous shall be incidental to the training. **
7. *Correlate the safety instruction given by the school with the on-the-job training. **
8. *Adhere to non-discrimination on the basis of race, color, national origin, sex, disability or age. **
9. Consult the WBL Coordinator/ISCR as soon as possible regarding work-related problems.
10. Employ student-trainees throughout the school year, provided their job and school performances remain satisfactory.
11. Deny student-trainees the privilege of working on days they are absent from school unless the coordinator has given advance permission.
12. Provide time for consultation with the coordinator to evaluate students' on-the-job performance.
13. Inform the WBL coordinator if a registered sex offender is employed or hired during the student's WBL experience. Recognize that a student cannot be in contact with a registered offender, and therefore this could impact the school's ability to continue partnership with the company through part of a school-based program.

PARENTS/GUARDIANS agree to:

1. Support the internship and encourage competent participation of student-trainees.
2. *Assume responsibility for the safety of students from the time they leave school until they report to the job and from the time they leave the job until they arrive at home. **

3. Be responsible for transportation of students to and from the training station.
4. Cooperate with all rules and policies of the school and training station.
5. Be aware that students are **not** allowed to report to the training station on days they are absent from school unless they receive permission from coordinator.

WBL COORDINATOR/ISCR agrees to:

1. *Provide related classroom instruction, including safety procedures.**
2. *Collectively assume responsibility for initiating and developing individual training plans and ensuring that each plan is followed until it is mutually agreed to modify it.**
3. *Cooperate with employers in developing appropriate training activities related to student-trainees' career interests.**
4. *Make periodic visits to training stations to observe student-trainees, to consult with training sponsors, and to assist student-trainees with any problems.**
5. Assist in the evaluation of students.
6. Provide current information concerning students' progress in program.
7. Document and address any workplace safety issues and/or incidents

Please sign and date:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

WBL Coordinator/ISCR: _____ Date: _____

Employer: _____ Date: _____

The Dinwiddie School Board is committed to nondiscrimination in regard to sex, gender, race, color, national origin, disability, religion, ancestry, age, marital status, genetic information or any other characteristic protected by law. This commitment prevails in all of its policies and practices concerning staff, students, educational programs and services, and individuals with whom the Board does business.

**Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry*

Internship Training Plan

Purpose

The purpose of the training plan is to assist the student in making a successful transition from student to intern. The training plan serves as a guide between the school and the employer to provide training for students that will enable them to meet an identified career objective. The training plan is not a contract and can be modified according to the needs of the student and/or the employer.

Procedure

The Work-Based Learning (WBL) coordinator assumes primary responsibility for the development of an individualized training plan for the student. The WBL coordinator identifies learning experiences that must be provided for the student either in the classroom or on the job. The employer (the student's immediate supervisor) is then asked to assist the WBL coordinator by

- identifying tasks for which training can be provided at the workplace using the training plan
- adding tasks to the training plan that are unique to the workplace
- supervising the student's training for specific job tasks
- assessing the student's strengths and weaknesses in completing tasks at the workplace.

The WBL coordinator visits the workplace periodically to discuss the student's progress. Advice from the employer is used to make modifications in the student's internship experience and to determine specific classroom instruction that can be provided to support student growth.

Orientation Checklist for Employers*

- 1. Introduce students to all persons with whom they will have contact.
- 2. Show students the locations of offices, equipment, and supplies they will use.
- 3. Explain the duties of the students' first assignments.
- 4. Inform students as to who will be responsible for their work assignments and supervision.
- 5. Inform coworkers of their relationship to students and solicit their cooperation.
- 6. Inform students of arrival time, quitting time, check-in procedures and checkout procedures.
- 7. Inform students of lunch times, office procedures, and regulations.
- 8. Inform students of facilities available, such as restrooms, lunchroom, telephone, coat rack, etc.
- 9. Inform students of time-recording procedures, pay schedule, payroll deductions, and computation of wages. **
- 10. Inform students about dress code expectations.
- 11. Inform students about any information that is to be kept confidential.
- 12. Familiarize students with employee benefits. **
- 13. Inform students of clauses in a union agreement, if any, that pertain to students in internships. **
- 14. Inform students of career opportunities with the employer.

*These activities may be covered in orientation materials provided by the employer.

** Only applicable to paid internships.

Internship
Training Plan Evaluation Summary Sheet

Visit #1

Date: _____

Comments: _____

Employer Signature: _____ Student Signature: _____

Visit #2

Date: _____

Comments: _____

Employer Signature: _____ Student Signature: _____

Visit #3

Date: _____

Comments: _____

Employer Signature: _____ Student Signature: _____

Sample Internship Time Log

Student Name: _____ Job Title: _____

Place of Employment: _____ Supervisor's Name: _____

CTE Course: _____ Class Teacher: _____

Date	Start Time	End Time	Activity

Supervisor's Signature: _____ Date: _____

Student Signature: _____ Date Submitted: _____

Internship Student Feedback and Reflection

Student Name: _____ Date Submitted: _____

Job Title: _____ Employer: _____

Dates of Work: _____

Observations and Reflections

What knowledge, skills, and abilities were required in my role; and did I feel equipped for my role through my CTE training?

What challenges did I encounter; were these expected or unexpected; and how did I respond to them?

What new skills or knowledge did I gain from working in the school-based enterprise?

What part of my job was easy for me; what did I do well while working in the school-based enterprise?

What part of my job did I find difficult; and what skills or knowledge can I strengthen?

What did this experience teach me about my desired career?

In what ways might this internship be improved to better meet the needs of the school community?

Internship Employer Feedback Form

Thank you for taking the time to provide valuable workplace experience and insight into the career field of interest to the student. Your support of this program provides students with opportunities to make better decisions about their future careers. Your feedback is valuable to ensuring high-quality cooperative education experiences in the future. Please complete this form and return it to the WBL coordinator/ISCR.

Supervisor Name:	Phone Number:
Title:	Email:
Organization:	
Student Name:	Dates of Employment:

Please evaluate the student in the following areas	Exceeded Expectations	Met Expectations	Failed to Meet Expectations	Not Applicable
PUNCTUALITY Reported at appropriate time Departed at appropriate time				
PROFESSIONAL APPEARANCE Clothing Grooming				
PROFESSIONAL CONDUCT Behaved professionally at workplace				
COMMUNICATION Related well to supervisor and others Asked appropriate questions Demonstrated Interest				
TECHNICAL SKILLS Knowledgeable about skills required Performed tasks with proficiency				

Would you continue participation in the cooperative education program? YES / NO

Section IX

Service Learning

Service learning goes beyond participating in a community service project. It is an active and experiential learning methodology where students identify a need within their community and use their academic, social and personal skills to develop a project to address that need. With the oversight of teachers, students use experiential learning to undertake a community need that interests them.

Service Learning vs. Community Service

Service Learning	Community Service
<ul style="list-style-type: none">▪ Students identify interest and a community need▪ Students develop and complete a service project addressing the community need▪ Students complete structured activities before, during and after the experience▪ Students reflect and self-assess	<ul style="list-style-type: none">▪ The community need may already be established▪ Students participate in voluntary assignments and activities to serve organizations and/or individuals within the community▪ Community service may or may not align with school-based instruction

Here is an example to better illustrate the distinction between community service and service learning: Picking up trash along a river bank in the community is community service. Collecting water and soil samples, studying them under a microscope and documenting their findings in order to provide an assessment report to their local community leaders is service learning

In service learning, students participate in structured activities and reflection assignments throughout the project. This WBL experience encompasses the Five C's as established in the Profile of a Virginia Graduate: collaboration, communication, citizenship, creativity and critical thinking.

Responsibilities

WBL Coordinator/ISCR and Teacher

- Support students and teacher in working toward project learning activities
- Provide oversight
- Collaborate with students on establishing the community needs assessment
- Verify that structured learning activities complement the service learning experience
- Keep track of service learning hours
- Evaluate student progress
- Collect feedback from students

Student

Planning and Implementation

- Identify an area of interest.
- Define a community need.
- Establish community contacts.
- Get a pre-approval of the project.

Research

- Conduct academic research.
- Identify experts in the field.
- Become familiar with relevant local, state, and federal ordinances, codes, and laws (if applicable).
- Organize findings and data.
- Review research with WBL Coordinator/ISCR and teacher

Proposal Development

- Define the project (who, what, when, where, how).
- Follow written standards and expectations.
- Define project resources.
- Create a project timeline.
- Receive approval from WBL Coordinator/ISCR and teacher.

Approval and Permission

- Present proposal for approval.
- Edit as needed.
- Obtain permissions or permits.

Implement the plan

Document service learning hours

Complete reflection assignments and feedback form

Enclosures:

1. Service Learning Needs Assessment and Initial Research
2. Service Learning Project Planning Worksheet
3. Service Learning Training Agreement (required)
4. Service Learning Time Log
5. Service Learning Observation and Reflection Form for Students

Service Learning Needs Assessment and Initial Research

Name of Student (s): _____

CTE Course: _____

Instructor (s): _____

Provide a written description of the project. Include a clear description of how the project will address a community need. Be sure to define project partners, resource needs, and a project timeline.

What is the area of interest?

What is the community need?

What research can inform you about the proposed community need?

How can the need be filled?

Who can help?

What resources are necessary to complete the project?

Are there special considerations related to this project?

Service Learning Project Planning Worksheet

Project title:

What are the objectives for the project?

Where and when will work on the project take place?

Who will be the primary contact person for the project?

Who are the project planning team members?

In addition to the team members above, what students are involved in the project?

What supervision will be in place during the project?

What commitments are community partners making to the project, if applicable?

Who can provide resources to this project?

What funding could you pursue for this project, if necessary?

What transportation arrangements need to be made?

Project Tasks and Timelines

Task	Materials Needed	Deadline

Service Learning Training Agreement

Student Name: _____ Date: _____

School Name: _____ Course: _____

Location and Dates of Service Learning: _____

Description of Service Learning Project: _____

STUDENT agrees to:

1. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, and appropriate dress while at the workplace.
2. *Conform to the rules and regulations, including all safety requirements and acceptable use policies, applicable to the project.**
3. Adhere to all requirements in conducting the service learning project
4. Recognize that there is potential exposure to sensitive information regarding clients, customers, students, or other parties while participating in the service learning experience. Students should refrain from sharing any and all sensitive information regarding personnel, customers, clients, or other stakeholders.
5. Consult the WBL Coordinator/ISCR and teacher about any difficulties arising during the project.
6. Make up school work missed due to participation in the service learning project.
7. Complete required assignments related to the service learning project.

PROJECT CONTACT (if applicable) agrees to:

1. Coordinate with the student for the agreed-upon number of hours each week for the entire service learning experience.
2. *Provide information about safety requirements at the project site as necessary. **
3. Consult the WBL Coordinator/SCR about any difficulties arising in conjunction with the project.
4. Provide time for consultation with the WBL Coordinator/ISCR concerning the student, as needed.
5. Inform the WBL Coordinator/ ISCR if a registered sex offender is employed or hired during the student's WBL experience. Recognize that a student cannot be in contact with a registered offender, and therefore this could impact the school's ability to continue partnership with the company through part of a school-based program.
6. Complete a feedback and reflection form after the service learning experience is complete.

**Meets requirements of the Work-Training Student Learner Agreement, Virginia Department of Labor and Industry.*

Service Learning Encl. 3

PARENT/GUARDIAN agrees to:

1. Support the WBL experience and encourage competent student participation.
2. *Be responsible for the transportation and safety of the student while traveling to and from the project site (if applicable).**
3. *Cooperate with all rules and policies applicable to the project.**
4. Notify the WBL Coordinator/ISCR of any special student needs or concerns that might affect the experience.
5. *Ensure the student complies with requirements regarding safety and personal protective equipment (PPE) at the workplace as necessary (e.g. steel-toed shoe equipment, jewelry prohibited). **

WBL COORDINATOR/ISCR and Teacher agrees to:

1. *Ensure the necessary related classroom instruction is provided to prepare the student for the service learning experience.**
2. Consult with the project contact as needed.
3. Evaluate the student's progress and performance throughout the project.
4. *Document and address any workplace incidents or injuries via the student incident form.**
5. Seek feedback from the student and the project contact (if applicable) upon completion of the project.

This form must be returned prior to beginning the service learning project. Students who do not return the form signed will not be permitted to participate.

Please sign and date:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

WBL Coordinator: _____ Date: _____

Teacher: _____ Date: _____

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Meets requirements of the *Work-Training Student Learner Agreement, Virginia Department of Labor and Industry

Service Learning Observation and Reflection for Students

Student Name: _____ Name of Project: _____

CTE Course: _____ Dates of Project: _____

Project Observations

What knowledge, skills, and abilities were required for this project?

What questions did I have for project contacts, teachers, or experts related to the project?

What challenges were presented by this project?

What did I observe that was not expected?

How did participation in this project make me feel?

Project Reflections

What skills did I use and develop throughout this project?

What did this project teach me about myself, my community, and others?

Was the project objective fulfilled? Explain.

If I could repeat this project, what would I do differently, and what would remain the same? Explain.

What new questions about this community need have emerged as a result of this experience?

Student Signature: _____ Date: _____

Section X

Apprenticeship/Youth Registered Apprenticeship (YRA)

Any participation in Youth Registered Apprenticeships (YRAs) programs should be conducted in consultation with VDOLI's Division of Registered Apprenticeship. YRA is a career preparation WBL program that combines Career and Technical Education (CTE) courses and On-the-Job Training (OJT). The integration CTE and OJT provides students the opportunity to enhance their employability and occupational skills.

Students selected to be in this program will be **simultaneously** enrolled in CTE courses to meet high school graduation requirements and receive occupation specific Related Technical Instruction (RTI). The participating employer provides OJT supervision as a skilled mentor. Upon graduating with a high school diploma, apprentices may continue at the discretion of the employer, as an adult apprentice subject to all standard OJT and RTI requirements.

YRA Criteria:

- Student minimum requirement: must be 16 years old and should be in 11th or 12th grade. YRA employer may have additional criteria
- Students who complete at least 280 OJT hours per year of YRA will receive an additional credit toward graduation.
- The 280 OJT hours must be continuous throughout the school year even if the related course is in a single semester
- Students must be placed in jobs related to their career goals
- YRA may be part-time or full-time. Part-time employment and hours worked will be determined by the employer.
- All work hours will be documented or tracked by the employer and will also be credited toward the completion of an RA program.
- YRA is a paid employment training program
- Students must adhere to the regulations and guidelines
- Teacher qualifications: Licensed and endorsed CTE teachers and journey worker experts instruct youth apprentices

Registered Apprenticeship (RA)

Any participation in a Registered Apprenticeship program should be conducted in consultation with VDOLI's Division of Registered Apprenticeship. RA programs combine On-the-Job Training (OJT) with Related Technical Training (RTI) which provides occupation specific knowledge correlating to the profession. RA training is based on national industry standards. Upon completion of a Registered

Apprenticeship program, the apprentice receives a nationally recognized credential which consists of a completion certificate and journey worker card. The credential signifies to employers that journey worker(s) are fully qualified in that occupation. RA Criteria:

- Student should be in the 11th or 12th grade
- **144 hours of RTI for every 2,000 hours of OJT**
- Student must be at least 16 years old
- Student must be paid no less than the federal minimum hourly wage
- RTI must be occupation specific and provided by technical schools, community colleges, on-line, or on-site by the employer.

Registered Apprenticeships High School Programs		
	YRA	RA
• High School curriculum may be applicable at the employers discretion	✓	✓
• Safety Education	✓	✓
• Exposure to Industry	✓	✓
• Paid on-the-job work experience that meets occupational program requirements	✓	✓
• Skilled mentors assigned to train students	✓	✓
• Industry-developed skill standards	✓	✓
• Related classroom instruction	✓	✓
	*Received from high school CTE programs and will count toward RTI requirements for RA *Must be occupation specific	*Provided by technical schools, community colleges, online, or on-site by employer/sponsor *Must be occupation specific

For additional information contact the Central Virginia Regional Office located at:

North Run Business Park,

1570 East Parham Road,

Richmond, VA.

(804) 371-3104

<https://www.doli.virginia.gov/apprenticeship/apprenticeship-consultants/>

Enclosures:

Sample- Youth Registered Apprenticeship Education/Training Agreement

Sample Education/Training Agreement

Virginia Department of Labor and Industry

Education/Training Agreement: Virginia Youth Registered Apprenticeship (YRA)

A fully signed copy of this Agreement is effective immediately. The agreement must be on file with the Employer and School when the student begins working. DOLI should receive a copy within 30 days of the student's start date.

This agreement is between _____ (Youth Apprentice)

and _____ (Sponsor/Employer)

The undersigned parties agree to enter into a Youth Registered Apprenticeship for the purpose of educating the student named above as a student learner in the industry area and occupation of:

_____ (YRA Program Area);

and _____ (Occupation).

Starting wage for the youth apprentice will be \$ _____ (minimum wage or higher) per hour.

The apprenticeship will begin on (Month / Day / Year) _____.

Assurances – The undersigned parties agree to comply with the following:

- A. No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with any youth apprenticeship program on the basis of the person's race, color, religion, national origin, sex, childbirth, or related medical conditions, age, marital status, or disability.
- B. **Youth apprentices will be provided with adequate and safe equipment and a safe and healthful workplace in conformity with all health and safety standards of Federal and State law.**
- C. To comply with Child Labor laws, youth apprentices shall not work in a company where a strike or lockout is in an active progress.
- D. The youth apprenticeship program will not impair existing contracts for services or collective bargaining agreements. Any youth apprenticeship program that would be inconsistent with the terms of a collective bargaining agreement shall be approved only with the written concurrence of the labor organization and employer involved.
- E. Student records released pursuant to this agreement will not be further disclosed without prior written consent of the youth apprentice and/or the parent or guardian.
- F. Youth apprentices will not displace any currently employed worker (including a partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits).
- G. An employer will not hire a youth apprentice when:
- H. Any other individual is on temporary layoff, with the clear possibility of recall, from the same or any substantially equivalent jobs, or the employer has terminated the employment of any regular employee or otherwise reduced its work force with the intention of filling the vacancy so created with a youth apprentice.

The Youth Registered Apprentice agrees to:

- A. Maintain the academic and attendance requirements required by the youth registered apprenticeship.
- B. Observe company rules and other requirements identified by the employer;
- C. Participate in progress reviews scheduled with mentors, school personnel and parent(s) or guardian(s); and
- D. Comply with the items stated in the Assurances section above.

Youth Registered Apprentice

Printed (Typed) Name	Signature	Date Signed
Email Address	Telephone Number	Date of Birth

The Youth Apprentice's Parent or Guardian agrees to:

- A. Assist the youth apprentice in meeting the academic and attendance requirements of the program;
- B. Ensure transportation to and from the work site is provided;
- C. Participate in progress reviews scheduled with mentors, school personnel and the youth apprentice;
- D. Comply with the items stated in the Assurances section above; and
- E. Authorizes the school to release a copy of the student's transcript upon request by a DOLI Registered Apprenticeship Consultant**

Parent or Guardian:

Printed (Typed) Name	Signature	Date Signed
Email Address	Telephone Number	

The Employer agrees to:

- A. Provide a work based learning experience for the length of the agreement (or as specific;
- B. Pay the youth apprentice for all work performed during the program at no less than minimum wage;
- C. Provide worker's compensation for the youth apprentice for all hours worked;
- D. Instruct the youth apprentice in the required competencies provided for this program;
- E. Comply with all applicable state and federal child labor laws;
- F. Ensure that any work performed in occupations declared hazardous shall be under the direct and close supervision of a qualified and experienced person;
- G. Ensure that the work of any student learner in the occupations declared hazardous are incidental to his/her training, shall be intermittent and only for short periods of time;
- H. Ensure that safety instruction will be provided;
- I. Authorize the mentor to attend training related to the program;
- J. Authorize the mentor to participate in progress reviews scheduled with the youth apprentice, the youth apprentice's parent or guardian, and school personnel; and
- K. Comply with the items stated in the Assurances section above.

Employer Representative:

Printed (Typed) Name	Signature	Date Signed
Street Address	City	State
		Zip Code
Email Address	Telephone Number	

The School District agrees to:

- A. Participate in progress reviews scheduled with mentors, the youth apprentice, and youth apprentice's parent or guardian;
- B. Award credit toward graduation for both the related instruction and work-based component;
- C. Provide safety instruction for work considered hazardous under child labor laws; and
- D. Release a copy of the student's transcript upon request by a DOLI Registered Apprenticeship Consultant**
- E. Comply with the items stated in the Assurances section above.

School Principal (or designee):

Printed (Typed) Name	Signature	Date Signed
Title	Telephone Number	Email Address

Section XI

Entrepreneurship

If a student owns a business, they can participate in entrepreneurship work based learning. During this experience, the student would plan, implement, operate and be responsible for all financial risks of their business. The asset would be owned by the student and they would be responsible to maintain all financial records as a way to determine their return on investment. This work based learning method of instruction provides the student the opportunity to enhance the necessary skills needed for running a business and/or gain employment.

The duration of the entrepreneurship experience is aligned with the CTE course duration. The student does not receive additional+ credit. The credit is received from within the CTE course. During this experience the WBL Coordinator/ISCR is a point of contact for the student in terms of guidance and accountability.

Responsibilities

WBL Coordinator/ISCR

- Review career assessments and goals in MajorClarity
- Identify interested and qualified students
- Counsel students on expectations
- Distribute and collect documents (training agreement, business plan, time logs)
- Facilitate training and counseling sessions
- Track student hours
- Provide supervision as needed
- Track student progress
- Maintain communication with student
- Submit reports, as required

Student

- Complete MajorClarity Assessments
- Update career pathway selection
- Complete and submit required forms as directed
- Participate in any required orientation
- Comply with all guidelines and rules set by WBL Coordinator/ISCR

- Comply with applicable local, state and federal laws
- Document WBL hours
- Complete feedback and reflection assignments

Enclosures:

1. Entrepreneurship Business Plan Template
2. Entrepreneurship Training Agreement (required)
3. Entrepreneurship Time Log
4. Entrepreneurship Observation and Reflection for Students

Entrepreneurship Business Plan Template

A business plan should include the following information and answer the following questions, as applicable. This template is meant only as a guide. The student can format the business plan to suit the business.

Student Name: _____ Business Name: _____

1. Summary of the product(s) and/or service(s) offered

- What is the product or service?
- How does it work?

2. Description of target market

- Who are the customers or desired customers?
- Why would they need or want this product or service?

3. Description of the competition

- What similar products or services already exist? What is their market share?
- What sets my product or service apart from the competition?

4. Manufacturing and development

- How is the product or service developed? What are the labor requirements, cost, and timeframe for development?

5. Marketing strategy

- How much is charged for the product or service?
- How will potential customers become aware of it? What publicity tools, materials, and media will be used?

Why would current customers continue to be patrons of the product or service?

- Where will the product be sold?

6. Team

- What is the structure of the organization?
- Who are the members of my team? What are their roles?
- What kind of training does each team member undergo? How long does this training take?

7. Customer Service

- How can customers reach management for comments and complaints?
- How are customer complaints handled?
- What kind of training is provided to the team in relating to customers?

8. Finances

- How much money is needed to start the business?
- At what point do we expect to recoup the investment? At what point do we begin making a profit?
- What are the fixed and variable costs of operating the business?
- Attach financial statements.

Entrepreneurship Training Agreement

Student Name: _____ School: _____

Name of Business: _____

Location of Business: _____

Dates of Entrepreneurship Experience: _____

STUDENT/ENTREPRENEUR agrees to:

1. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, and appropriate dress while at the workplace.
2. *Conform to relevant rules and regulations, including all safety requirements and acceptable use policies. Orient any other staff members to safety guidelines.**
3. Adhere to all screenings and background checks and obey laws.
4. Demonstrate a willingness to learn by paying close attention, asking questions, and participating in all tasks and activities provided.
5. Recognize that there is potential exposure to sensitive information regarding clients, customers, students, or other parties while participating in the experience. Students should refrain from sharing any and all sensitive information regarding personnel, customers, clients, or other stakeholders.
6. Consult the WBL Coordinator/ISCR about any difficulties related to the entrepreneurship experience.
7. Make up school work missed due to participation in the entrepreneurship experience.
8. Complete any required assignments related to the entrepreneurship experience.

PARENT/GUARDIAN agrees to:

1. Support the WBL experience and encourage competent student participation.
2. *Be responsible for transportation and safety of student while traveling to and from the workplace (if applicable).**
3. Notify the WBL Coordinator/ISCR of any special student needs or concerns that might affect their experience.
4. *Ensure the student complies with any requirements regarding safety and personal protective equipment (PPE) at the workplace as necessary (e.g., steel-toed shoe requirement; jewelry prohibited, etc.).**

WBL COORDINATOR agrees to:

1. *Ensure related instruction to help prepare the student for the entrepreneurship experience.**
2. Cooperate with the entrepreneur to coordinate all details for the entrepreneurship experience, ensure the experience is organized, and that it relates to student career interests.
3. Evaluate student progress and performance.
4. Seek feedback from the student after the entrepreneurship experience.

This form must be returned prior to the WBL experience date. Students who do not return the form signed will not be permitted to participate in the WBL experience.

Please sign and date:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

WBL Coordinator: _____ Date: _____

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**These items meet the requirements of the Work Training Student-Learner Agreement of the Virginia Department of Labor.*

Entrepreneurship Time Log

Student Name: _____ Business Name _____

CTE Course: _____ Instructor: _____

Date	Start Time	End Time	Activity

Student Signature: _____ Date Submitted: _____

Entrepreneurship Observation and Reflection for Students

Student Name: _____ Date Submitted: _____

Business Name: _____ Product(s)/Service(s): _____

CTE Course: _____

Dates of Entrepreneurship Experience: _____

What knowledge, skills, and abilities were required to run by business?

Did I feel equipped for my role through my CTE training?

What challenges did I encounter?

How did I respond to them?

What new skills or knowledge have I gained from running this business?

What part of my job was easy for me?

What are my strengths?

What part of my job do I find difficult?

How can I improve, strengthen, or learn more about these aspects of the business?

In what ways can I improve the products or services offered or otherwise grow the business?

What next steps should I take in this direction?

Section XII

Clinical Experience - Nurse Aide

Clinical experience allows health and medical science students to integrate knowledge acquired in the classroom with clinical practice. Students are placed in a variety of healthcare settings and observe patients at different stages of medical practice so students may better understand the scope of the healthcare profession. Health and medical science teachers are in charge of supervising the clinical experience. Only the Dinwiddie HS students attending the Nurse Aide Program through Rowanty Technical Center are eligible for the clinical experience in nursing.

Criteria:

- Students must be in the 11th or 12 grade before participating in this clinical experience
- Unpaid
- Credit- none (within class credit)
- No restrictions apply unless the school division chooses to teach the course according to the Virginia Board of Nursing Nurse Aide regulations. Forms required by the Virginia Board of Nursing pertaining to Practical Nursing can be found online at <https://www.dhp.virginia.gov/Boards/Nursing/AbouttheBoard/EstablishingMaintainingEducationPrograms>
- Duration: 36 weeks/280 hours
- Teacher must be a registered nurse with two or more years of experience

Additional guidelines can be found in the Virginia Administrative Code 18VAC90-27-110 (Clinical practice for students) and Virginia Department of Education CTE Work-Based Learning Guide

Enclosures:

1. Clinical Experience Participation Form for Employers
2. Clinical Experience Application Form for Students
3. Parental Consent Form
4. Non-Employee Personnel Health Clearance Form
5. Clinical Experience Time Log Sheet
6. Clinical Experience Evaluation for Employers
7. Clinical Affiliation Agreement (sample)

Clinical Experience Participation Form for Employers

PART ONE

Students must be supervised at all times. Supervisors will be responsible for student assignments, including monthly job shadowing.

Department: _____

Primary Supervisor: _____ Contact Information: _____

Secondary Supervisor: _____ Contact Information: _____

Location: _____

Number of students requested for the area: _____

If requesting students for several areas within your department, please designate a lead for each area and include information for all supervisors, department areas, locations, extensions, and business hours.

PART TWO (Department-specific)

Please attach a departmental student job description for each position requested. The Director of Recruitment and Workforce Planning and Program Coordinator will review all job descriptions.

Department: _____ Department system: _____

What skills (e.g., word processing or spreadsheet skills, working with patients, customer service) will the student need as part of the assignment and/or the situations they will be exposed to?

Clinical Experience Application Form for Students

Note: In order for your application to be processed, you must include your 9 or 18 week report card and two letters of recommendation from an academic teacher.

Applicant Information

Student Name: _____ Date of Birth: _____

Student Address: _____ Date of Application: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Social Security No.: _____

Counselor's Name: _____ Grade: _____

Semester School Schedule

Course	Teacher	Room No.

Additional Information

Please list the different health or medical careers in which you are interested.

Explain why and how participating in the WBL experience will benefit you.

Do you have relatives/friends who work in the healthcare profession/this healthcare facility?

List any volunteer or part-time work experience that you have had or currently have.

Please list all computer programs you are comfortable using.

Have you taken computer classes in school?

Which ones?

What is your typing speed?

Please name other related skills you have.

In addition to English, in which language/s are you fluent?

I have read the requirements and understand that the health careers program is a partnership between (health care facility) and (high school) and that the program takes the place of (class period).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Phone Number: _____ Date: _____

Clinical Experience Parental Consent Form

Enrollment consent: I consent to the enrollment of my child during his/her (period of school day) at (Name of High School) in the (Name of Program).

Student Information

Student Name: _____ Home Phone: _____

Address: _____

Permissions

Please initial if you agree to the following:

Field Trips

I am allowing my son/daughter to participate in tours while participating in this program.

Photo Release

I am allowing my son/daughter to be photographed for promotional and educational purposes.

Emergency Contact

In the event that I cannot be reached, I am designating another emergency contact person whom the school may contact and to whom my son/daughter may be released.

Name of Emergency Contact: _____ Phone Number: _____

Address: _____ Relationship to student: _____

Name of Parent (s)/Guardian (s): _____

Phone Number/s: Cell _____ Home _____ Work _____

Parent/Guardian Home Address: _____

Signature: _____ Date: _____

Non-Employee Personnel Health Clearance

Student Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Point of Contact Phone Number (s): _____

HEALTH REQUIREMENTS

IMPORTANT: Please provide written documentation for each requirement listed below.

TUBERCULIN SKIN TEST (TST – PPD)

Candidates over the age of 21 with a history of **negative** tuberculin skin tests will need to provide documentation of two (2) negative TSTs within the previous twelve (12) months. Candidates age 18 and under will need to provide documentation of one (1) negative TST within the previous twelve (12) months. Candidates with a history of **positive** tuberculin skin tests will need to provide a radiology report of a negative chest X-ray taken within the previous twelve (12) months.

PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA (MMR)

Candidates will need to provide documentation of receiving two (2) doses of MMR vaccine OR laboratory evidence of immunity (blood test/titer).

CHICKEN POX

Candidates will need to provide documentation of receiving two (2) doses of varicella vaccine OR documentation of laboratory evidence of immunity (blood test/titer).

HEPATITIS B (Only for those candidates who will provide direct patient care)

Candidates will need to provide documentation of receiving three doses of the Hepatitis B vaccine OR laboratory evidence of immunity (blood test/titer).

Tdap VACCINE & SEASONAL FLU SHOT

Candidates will need to provide documentation of receiving one (1) dose of the Tdap (Tetanus, Diphtheria, and Pertussis) vaccine as well as documentation of receiving a seasonal influenza shot during influenza

I certify that the above information is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Clinical Experience Time Log Sheet

Student Name: _____

Number of clinical hours required: _____

Clinical Day	Date	Clinical Area (e.g., ICU, Rehab)	Hours on duty	Preceptor Comments w/initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total hours completed: _____

Instructor Name: _____ Instructor Signature: _____

Clinical site (s): _____

Clinical Experience Evaluation for Employers

Student Name:	Evaluator Name:	Deadline for this form:
---------------	-----------------	-------------------------

Please rate the student in each of the following areas.

Accuracy of Work <input type="checkbox"/> Careless, makes many errors <input type="checkbox"/> Work must frequently be redone <input type="checkbox"/> Work is usually passable <input type="checkbox"/> Careful, makes few errors <input type="checkbox"/> Consistently accurate	Care of Working Area <input type="checkbox"/> Always untidy <input type="checkbox"/> Not very clean and tidy <input type="checkbox"/> Reasonably clean and orderly <input type="checkbox"/> Very clean and tidy <input type="checkbox"/> Exceptionally clean and orderly	Use of Equipment/Maintenance <input type="checkbox"/> Rough and wasteful <input type="checkbox"/> Sometimes careless <input type="checkbox"/> Exercises adequate care <input type="checkbox"/> Careful and economical <input type="checkbox"/> Very careful and economical
Speed in Performing Duties <input type="checkbox"/> Very slow <input type="checkbox"/> Slow <input type="checkbox"/> Adequate <input type="checkbox"/> Fast <input type="checkbox"/> Exceptionally fast	Attendance <input type="checkbox"/> Infrequent and sporadic <input type="checkbox"/> Absent often <input type="checkbox"/> Absent occasionally <input type="checkbox"/> Seldom absent <input type="checkbox"/> Never absent	Use of Working Time <input type="checkbox"/> Very wasteful <input type="checkbox"/> Wastes time occasionally <input type="checkbox"/> Usually keeps busy <input type="checkbox"/> Always busy <input type="checkbox"/> Busy and productive
Job Learning Application <input type="checkbox"/> Little or no learning <input type="checkbox"/> Learns with difficulty <input type="checkbox"/> Adequate <input type="checkbox"/> Learns with ease <input type="checkbox"/> Exceptional ability	Reliability <input type="checkbox"/> Unreliable <input type="checkbox"/> Somewhat dependable <input type="checkbox"/> Dependable and conscientious <input type="checkbox"/> Exceptionally dependable and conscientious	Initiative <input type="checkbox"/> Doesn't exhibit any <input type="checkbox"/> Waits for others to get started <input type="checkbox"/> Sometimes initiates <input type="checkbox"/> Needs little direction <input type="checkbox"/> Self-motivated or creative
Attitude Toward Superiors <input type="checkbox"/> Disrespectful or resentful <input type="checkbox"/> Poor or no interaction <input type="checkbox"/> Cooperates when asked <input type="checkbox"/> Cooperates willingly <input type="checkbox"/> Very respectful or helpful	Punctuality <input type="checkbox"/> Frequently late <input type="checkbox"/> Often late <input type="checkbox"/> Late occasionally <input type="checkbox"/> Seldom late <input type="checkbox"/> Never late	Attitude Toward Job and Training <input type="checkbox"/> Disinterested in job and training <input type="checkbox"/> Accepts training with reservations <input type="checkbox"/> Shows varied degree of motivation <input type="checkbox"/> Interested and well-motivated <input type="checkbox"/> Exceptionally interested and motivated
Attitude Toward Coworkers <input type="checkbox"/> Does not get along <input type="checkbox"/> Poor or no interaction <input type="checkbox"/> Gets along satisfactorily <input type="checkbox"/> Works well with others <input type="checkbox"/> Excellent relationships	Safety <input type="checkbox"/> Ignores safety rules <input type="checkbox"/> Often careless <input type="checkbox"/> Takes average precautions <input type="checkbox"/> Safety conscious <input type="checkbox"/> Very safety conscious	Personal Appearance <input type="checkbox"/> Improperly dressed for the job <input type="checkbox"/> Often untidy <input type="checkbox"/> Acceptable dress and grooming <input type="checkbox"/> Neat, well-groomed, and in good taste <input type="checkbox"/> Exceptionally well-groomed and in good taste

What is your overall assessment of the student?

Clinical Affiliation Agreement

(SAMPLE)

This document is a sample of information to consider when drafting your clinical contracts. Realize there may be variations in items such as whether students are responsible for criminal background checks, drug screens, immunizations or lab fees.

THIS AGREEMENT, _____ by and between _____, benefit of, hereinafter referred to as “**INSTITUTION**”, and (**AFFILIATE**), hereinafter referred to as “**AFFILIATE**”.

WITNESSETH:

WHEREAS, it is to the mutual benefit of the parties to provide clinical experience for students enrolled in certain programs of the Institution, the parties have agreed to the terms and provisions set forth below:

I. Purpose: The purpose of this Agreement shall be to provide clinical experience to students enrolled in the _____ program of the Institution.

A. Consideration for this Agreement shall consist of the mutual promises contained herein, the parties agreeing that monetary compensation shall neither be expected nor received by either party.

B. The clinical experience shall be provided at the Affiliate’s facility located at (Show complete address and zip code) hereinafter referred to as “**FACILITY**”.

C. The specific services to be provided students is described as follows:
(Detailed description of specific services, including, but not limited to, activities to be required of students and special services/physical facilities available to students.)

II. Terms and Conditions: Pursuant to the above-stated purpose, the parties agree as follows:

A. Term:

1. The term and effective date of this Agreement shall be from ____ to _____ with an option to renew on a year-to-year basis, but not to exceed an aggregate total of sixty (60) months.

2. Renewals of this Agreement may become effective with agreement of both parties provided no substantial changes are made to the original agreement.

3. Either party may terminate this Agreement upon giving _____ day’s written notice to the other party. Such termination shall have no effect on students currently receiving clinical experience.

B. Placement of Students: The Institution will place an appropriate number of students at the Facility each academic term. The Institution shall notify the Affiliate at least _____ days prior to the beginning of each academic term of the number of students it desires to place at the Facility for such term.

C. Discipline: While enrolled in clinical experience at the Facility, students (and faculty, if applicable) will be subject to applicable policies of the Institution and the Affiliate. Each party will be responsible for enforcing all applicable policies including that of the other party. Students shall be dismissed from participation in the clinical experience only after the appropriate disciplinary policies and procedures of the Institution have been followed; however, the Affiliate may immediately remove from the premises any student who poses an immediate threat or danger.

D. Institution Specific Responsibilities: The following duties shall be the specific responsibilities of the Institution:

1. Selection of students to be placed at the Facility.
2. Provide orientation to the Facility for students beginning clinical experience.
3. Scheduling training activities for students.
4. Supervising students at all times while present at this Facility for clinical experience.
5. Evaluate the performance of individual students as appropriate.
6. Provide health records of students (and faculty, if applicable) upon request by the Affiliate.
7. Establish a procedure for notifying the Affiliate if a student (or faculty, if applicable) is/are unable for any reason to report for clinical training.
8. Require written evidence of professional liability insurance coverage from individual students (and faculty, if applicable) participating in the clinical experience. The minimum amount of coverage per individual shall be _____. The coverage shall extend through the term of the student's participation.

E. Affiliate Specific Responsibilities: The following duties shall be the specific responsibilities of the Affiliate:

1. Retain complete responsibility for patient care providing adequate supervision of students (and faculty, if applicable) at all times.

2. Maintain a sufficient level of staff employees to carry out regular duties. Students will not be expected nor allowed to perform services in lieu of staff employees.
3. Provide emergency medical treatment to students (and faculty, if applicable) if needed for illness or injuries suffered during clinical experience. Such treatment shall be at the expense of the individual treated.
4. Maintain all applicable accreditation requirements and certify such compliance to the Institution or other entity as requested by the Institution. The Affiliate shall also permit authorities responsible for accreditation of the Institution's curriculum to inspect the Affiliate's clinical facilities and services as necessary.

F. Mutual Responsibilities: The parties shall cooperate to fulfill the following mutual responsibilities:

1. Each party shall comply with all Federal, State, and Municipal laws, advice, rules and regulations, which are applicable to the performance of this Agreement.
2. Students shall be treated as trainees who have no expectation of receiving compensation or future employment from the Affiliate or the Institution.
3. Any courtesy appointments to faculty or staff by either the Institution or the Affiliate shall be without entitlement of the individual to compensation or benefits from the appointing party.
4. The parties agree to comply with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, Executive Order 11,246 and the related regulations to each. Each party assures that it will not discriminate against any individual including, but not limited to, employees or applicants for employment and/or students, because of race, religion, creed, color, sex, age, disability, Veteran status, or national origin.
5. The parties also agree to take affirmative action to ensure that applicants are employed and that employees are treated during the employment without regard to their race, religion, creed, color, sex, disability, Veteran status, or national origin. Such action shall include, but not be limited by the following: Employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection available to employees and applicants for employment.
6. The confidentiality of patient records and student records shall be maintained at all times.

7. **Background Checks (Optional):** If criminal background checks of students are required by the Affiliate, the Institution shall notify students of this requirement prior to enrollment in the program or as soon as the requirement is known. Students will be informed by the Institution that the check must be completed within the 90-day period immediately prior to the student's initial clinical placement. It shall be the student's responsibility to make timely arrangements for the background check and to pay all costs associated with such checks.

If criminal background checks are required for Institutional faculty or staff, it shall be the Institution's responsibility to arrange for the background check, to pay all costs associated with such checks and to provide the results to the Affiliate.

It shall be the responsibility of Affiliate to set the eligibility standards for participation and to evaluate the results of the background checks. If Affiliate determines that a student or faculty/staff member shall not participate at its facility, Affiliate shall so notify that individual and the Institution. Institution shall take steps to ensure that this individual does not participate in the clinical program at the Affiliate.

If an Institutional faculty/staff member is also an employee of Affiliate or is an employee at another hospital, health care facility or health care organization, Affiliate will allow the faculty/staff member to provide on-site supervision and instruction for its clinical program without the necessity of undergoing an additional background check.

Recognizing that students enrolled in the program at Institution will potentially participate in multiple clinical placements at multiple facilities, Affiliate agrees to accept the results of the background check done prior to the student's initial clinical placement if the student maintains continuous enrollment in the health care program and if the results of the background check are archived by the background check agency.

Institution shall inform students or faculty/staff members excluded from clinical placement on the basis of a criminal background check of any review or appeal process available pursuant to the Fair Credit Reporting Act or any other law or policy, if any.

G. Miscellaneous Terms: The following terms shall apply in the interpretation and performance of this Agreement:

1. Neither party shall require indemnification by the other. Each shall be responsible for personal injury or property damage or loss except that resulting from its own negligence or the negligence of its employees or others for whom the party is legally responsible.

2. The delay or failure of performance by either party shall not constitute default under the terms of this Agreement, nor shall it give rise to any claims against either party for damages. The sole remedy for breach of this Agreement shall be immediate termination.

3. This Agreement shall in no way be interpreted as creating an agency or employment relationship between the parties.

4. HIPAA Requirements: To the extent required by federal law, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated thereunder, including with limitation, the federal privacy regulations, the federal security standards, and the federal standards for electronic transactions, all collectively referred to herein as "HIPAA Requirements". The parties agree not to use or further disclose any Protected Health Information or Identifiable Health Information, other than as permitted by HIPAA Requirements and the terms of this Agreement.

5. Each party will make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

6. _____ is the Coordinator for the Institution and can be reached at tel: _____, fax: _____ or email: _____

7. _____ is the Coordinator for the Affiliate and can be reached at tel: _____, fax: _____ or email: _____

8. This Agreement is not effective until approved by the President.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set forth their signature:

(TYPE AFFILIATE / AGENCY NAME HERE)

By:
Print name here: _____ Title: _____ Date: _____

By Designee:
Print name here: _____ Title: _____ Date: _____

Dinwiddie High School Work-Study Application

This is the preliminary application for work-study during the 2nd semester of the 2019-2020 school year. If you are selected for an interview, additional information maybe requested from you, your teachers and your parent/guardian. Only complete applications will be accepted. The only acceptable email is your school email address. If a required question is not applicable, put NA. Application deadline is December 16, 2019. The pre-requisite grade of A is required for those students who were previously placed in a work-study position and are applying again.

* Required

1. Email address *

Personal Information:

2. Name: *

3. Street Address: *

4. City: *

5. State: *

6. Zip: *

7. School Email Address: *

8. Primary Phone Number (used to contact you if needed): *

Use Format (804)123-1234

9. Alternate Phone Number: *

Education:

10. Indicate your current grade level: *

Mark only one oval.

11

12

11. List any specialized coursework you have completed: *

Example: Career and Technical Education Courses (Keyboarding, Small Animal Care, I.T. Fundamentals, etc.)

12. List any awards, honors and recognition received: *

Example: Perfect Attendance, Honor Roll, etc.

Volunteer/Work/Family/Personal Experiences

13. Most Recent Employer: *

14. Job Title/Responsibility: *

15. Supervisor Name: *

16. Hire Date: *

Example: January 7, 2019

17. Separation Date: *

18. Street Address, City, State, Zip: *

19. Job Duties: *

20. Reason for Leaving: *

21. Previous Employer:

22. Job Title/Responsibility:

23. Supervisor Name:

24. Hire Date:

Example: January 7, 2019

25. Separation Date:

26. Street Address, City, State, Zip:

27. Job Duties:

28. Reason for Leaving:

29. Previous Employer:

30. Job Title/Responsibility:

31. Supervisor Name:

32. Hire Date:

Example: January 7, 2019

33. Separation Date:

34. Street Address, City, State, Zip:

35. Job Duties:

36. Reason for Leaving:

Additional Information:

37. Provide any additional information that will be helpful in evaluating your application:
(ex: involvement co-curricular activities, clubs, or organizations):

38. List your top 3 interest codes from Major Clarity (ex. realistic, conventional, investigative...): *

39. What are your career goals? *

40. What is your preferred location (there are no guarantees for placement if you are selected)? *

Check all that apply.

- Counseling Office
- Main Office
- Library
- School Board Office
- Any of the above

41. There maybe an option to be placed in a location other than DHS. Do you drive to school? *

Mark only one oval.

- Yes
- No

References: (DHS Faculty or Staff ONLY)

42. Reference 1 (Name and Position): *

43. Reference 2 (Name and Position): *

44. Reference 3 (Name and Position): *

Certification
of
Application:

By typing your name below, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

"I certify that, to the best of my knowledge, all information provided on this application is true and complete. I authorize the verification of any and all information provided. I understand that providing any false information may result in non-selection or separation at any point during the Work-Study Program process."

45. Student Signature: *

Please type your full name below

46. Date: *

Example: January 7, 2019

47. Media Release:

Dinwiddie County Public Schools

periodically uses electronic and traditional media (photographs and video) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to Dinwiddie County Public Schools and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

Check all that apply.

Please check here if you DO NOT wish to have your photography/video released

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DHS Job Shadow Application

This application is for the Job Shadowing experience on December 13, 2019. Job shadowing allows a student to gain comprehensive knowledge about what an employee who holds a particular job does every day. Students will spend approximately 4 hours with an assigned host whose career field is of interest to the student. Deadline to submit a completed application is November 6, 2019. If a required response is not applicable please use NA.

* Required

1. Email address *

2. Name (First and Last): *

3. Street Address: *

4. City: *

5. State: *

6. Zip: *

7. School Email Address: *

8. Primary Phone Number: *

Use Format (804)123-1234

9. Alternate Phone Number: *

10. Indicate your current grade level: *

Mark only one oval.

9

10

11

12

Career Interests

11. List your top 3 interest codes from your personality assessment in Major Clarity (ex. Realistic, Conventional, Investigative...) *

12. What is your career goal (ex. I would like a career in the medical field, I would like a career as a mechanical engineer...) *

13. What courses have you taken or plan to take that will prepare you for this career? *

References: (Faculty or Staff of DHS only)

14. Reference 1 (Name and position)

15. Reference 2 (Name and position) *

Certification
of
Application:

By typing your name below, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

"I certify that, to the best of my knowledge, all information provided on this application is true and complete. I authorize the verification of any and all information provided. I understand that providing any false information may result in non-selection"

16. Student Signature: *

Please type your full name below

17. Date: *

Example: January 7, 2019

18. Media Release:

Dinwiddie County Public Schools periodically uses electronic and traditional media (photographs and video) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the school system and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

Mark only one oval.

Please check here if you DO NOT wish to have your photography/video released for marketing purposes

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DHS Independent Study (Co-op & Internship) Application

DHS Independent Study includes cooperative education and internship experiences. Applications will be provided ONLY through your counselor. If you currently have paid employment that correlates with your career goals and want to get class credit for the experience, you are eligible for cooperative education. If your employment is paid OR unpaid; you would like the WBL Coordinator/Instructional Specialist for Career Readiness to assist you in finding paid or unpaid experience that correlates to your career goals, you are eligible for an internship. Application deadline is _____ . If a required question is not applicable, please put NA.

* Required

1. Email address *

2. Name (First and Last): *

3. Street Address: *

4. City: *

5. State: *

6. Zip: *

7. School Email Address: *

8. Primary Phone Number: *

Use Format (804)123-1234

9. Alternate Phone Number: *

10. Indicate your current grade level: *

Mark only one oval.

11

12

11. Name of your school counselor *

12. Do you currently have employment? *

Mark only one oval.

Yes *Skip to question 13*

No *Skip to question 16*

Employment Information

13. Name of Business:

14. Supervisor's Full Name:

15. Business phone number (do not provide the supervisor's personal cell phone number)

Career Interests

16. List your top 3 interest codes from your personality assessment in Major Clarity (ex. Realistic, Conventional, Investigative...) *

17. What is your career goal (ex. I would like a career in the medical field, I would like a career as a mechanical engineer...) *

18. What courses have you taken or plan to take that will prepare you for this career? *

References: (Faculty or Staff of DHS only)

19. Reference 1 (Name and position)

20. Reference 2 (Name and position) *

Certification
of
Application:

By typing your name below, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

"I certify that, to the best of my knowledge, all information provided on this application is true and complete. I authorize the verification of any and all information provided. I understand that providing any false information may result in non-selection"

21. Student Signature: *

Please type your full name below

22. Date: *

Example: January 7, 2019

23. **Media Release:**

Dinwiddie County Public Schools

periodically uses electronic and traditional media (photographs and video) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the school system and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

Mark only one oval.

Please check here if you DO NOT wish to have your photography/video released for marketing purposes

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Dinwiddie County 2019-2020 Teen Staff Program Application

Please go to: www.dinwiddieworks.com for a full overview of the program, process summary, selection process and additional details. If under 18, parental signature is required. Applications are due no later than Friday, September 27, 2019.

* Required

1. Email address *

Personal Information:

2. Name (First and Last): *

3. Street Address: *

4. City: *

5. State: *

6. Zip: *

7. School Email Address: *

8. Primary Phone Number: *

Use Format (804)123-1234

9. Alternate Phone Number: *

Availability:

10. Are you legally eligible to work in the United States? *

Mark only one oval.

Yes

No

11. Do you have early release from school? Or will you have early release second semester? *

Mark only one oval.

Yes

No

12. Are you seeking a CTE elective credit as a result of your participation in this program? *

Mark only one oval.

Yes

No

13. Are you able to arrange your own transportation to and from your worksite? *

Mark only one oval.

Yes

No

14. Indicate the days and hours that you will routinely be available : *

(Note: Work hours will be determined by the hosting employer; there is no guarantee that an applicant will be selected to work with an employer who operates during his/her preferred hours)

Check all that apply.

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Morning

Afternoon

Evening

15. List any dates that your availability will differ from the days and times noted above: *

Example: Planned vacations, involvement with extra-curricular activities, etc. If no planned events, please write N/A

Education:

16. Indicate your current grade level: *

Mark only one oval.

11

12

17. List any specialized coursework you have completed: *

Example: Career and Technical Education Courses (Career Investigations, Keyboarding, Small Animal Care, I.T. Fundamentals, etc.)

18. List any awards, honors and recognition received: *

Example: Perfect Attendance, Honor Roll, etc.

Volunteer/Work/Family/Personal Experiences

Email additional documentation if needed to hr@dinwiddieva.us - Please include ALL work and volunteer experiences AND/OR personal/family responsibilities in your response below.
*Required field- N/A is not an acceptable response.

19. Most Recent Employer: *

20. Job Title/Responsibility: *

21. Supervisor Name: *

22. Hire Date: *

Example: January 7, 2019

23. Separation Date: *

Example: January 7, 2019

24. Street Address, City, State, Zip: *

25. Job Duties: *

26. Reason for Leaving: *

27. Previous Employer:

28. Job Title/Responsibility:

29. Supervisor Name:

30. Hire Date:

Example: January 7, 2019

31. Separation Date:

Example: January 7, 2019

32. Street Address, City, State, Zip:

33. Job Duties:

34. Reason for Leaving:

35. Previous Employer:

36. Job Title/Responsibility:

37. Supervisor Name:

38. Hire Date:

Example: January 7, 2019

39. Separation Date:

Example: January 7, 2019

40. Street Address, City, State, Zip:

41. Job Duties:

42. Reason for Leaving:

Additional Information:

43. Provide any additional information that will be helpful in evaluating your application:

(ex: involvement co-curricular activities, clubs, or organizations, participation in other Youth Workforce Development Activities such as - Teen Expo, Summer Work-Based Learning, Career Launch, Job Shadowing etc.):

44. Areas of Interest (Select only your top 3 Career Interests): *

Select each of the following career sectors in which you have an interest in working (NOTE: Additional opportunities may become available to the program beginning) Please specify if you select "Other".

Check all that apply.

- Accounting/Finance
- Agricultural
- Animal Care
- Automotive/Mechanics
- Child Care
- Cosmetology
- Culinary Arts
- Customer Service
- Education
- Electrical
- Government Administration
- Hospitality and Tourism
- IT
- Law, Public Safety and Security
- Logistics/Distribution
- Marketing
- Manufacturing
- Medical/ Health Science
- Office and Administrative Support
- Retail
- Transportation

Other: _____

45. *Mark only one oval.*

Option 1

46. List your top 3 interest codes from your personality assessment in Major Clarity (ex. Realistic, Conventional, Investigative...)

References: (Non-Relative)

Please provide at least one teacher/ school-related reference.

47. Reference Name 1: *

48. Phone number: *

49. Relationship: *

50. Reference Name 2: *

51. Phone number: *

52. Relationship: *

53. Reference Name 3: *

54. Phone number: *

55. Relationship: *

Certification
of
Application:

By typing your name below, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

"I certify that, to the best of my knowledge, all information provided on this application is true and complete. I authorize the verification of any and all information provided. I understand that providing any false information may result in non-selection or separation at any point during the Teen Staff Program process."

56. Student Signature: *

Please type your full name below

57. Date: *

Example: January 7, 2019

58. **Media Release:**

Dinwiddie County periodically uses electronic and traditional media (photographs and video) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the County and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

Mark only one oval.

Please check here if you DO NOT wish to have your photography/video released for marketing purposes

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Dinwiddie County 2019 Summer Work-Based Learning Program Application

Please go to: <http://accessdinwiddie.com/DocumentCenter/View/67> for a full overview of the program, process summary, selection process and additional details. Applications are due no later than Wednesday, May 29, 2019.

* Required

1. Email address *

Personal Information:

2. Name: *

3. Street Address: *

4. City: *

5. State: *

6. Zip: *

7. School Email Address: *

8. Primary Phone Number: *

Use Format (804)123-1234

9. Alternate Phone Number: *

Availability:

10. Are you legally eligible to work in the United States? *

Mark only one oval.

Yes

No

11. Are you able to arrange your own transportation? *

Mark only one oval.

Yes

No

12. Indicate the days and hours that you will routinely be available during July and August: *

(Note: Work hours will be determined by the hosting employer; there is no guarantee that an applicant will be selected to work with an employer who operates during his/her preferred hours)

Check all that apply.

- Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Morning
 Afternoon
 Evening

13. List any dates that your availability will differ from the days and times noted above: *

Example: Planned vacations, involvement with extra-curricular activities, etc. If no planned events, please write N/A

Education:

14. Current School: *

Mark only one oval.

- Dinwiddie Middle School
 Dinwiddie High School

15. Indicate your current grade level: *

Mark only one oval.

8

9

10

11

12

16. List any specialized coursework you have completed: *

Example: Career and Technical Education Courses (Keyboarding, Small Animal Care, I.T. Fundamentals, etc.)

17. List any awards, honors and recognition received: *

Example: Perfect Attendance, Honor Roll, etc.

Volunteer/Work/Family/Personal
Experiences

Email additional documentation if needed to hr@dinwiddieva.us -
Please include ALL work and volunteer experiences AND/OR
personal/family responsibilities in your response below.

18. Most Recent Employer: *

19. Job Title/Responsibility: *

20. Supervisor Name: *

21. Hire Date: *

Example: January 7, 2019

22. Separation Date: *

Example: January 7, 2019

23. Street Address, City, State, Zip: *

24. Job Duties: *

25. Reason for Leaving: *

26. Previous Employer:

27. Job Title/Responsibility:

28. Supervisor Name:

29. Hire Date:

Example: January 7, 2019

30. Separation Date:

Example: January 7, 2019

31. Street Address, City, State, Zip:

32. Job Duties:

33. Reason for Leaving:

34. Previous Employer:

35. Job Title/Responsibility:

36. Supervisor Name:

37. Hire Date:

Example: January 7, 2019

38. Separation Date:

Example: January 7, 2019

39. Street Address, City, State, Zip:

40. Job Duties:

41. Reason for Leaving:

Additional Information:

42. Provide any additional information that will be helpful in evaluating your application:

(ex: involvement co-curricular activities, clubs, or organizations, youth workforce development programs i.e. Teen Expo, Career Launch, Industry Day etc.):

43. Areas of Interest: *

Select each of the following host organizations in which you have an interest in working (NOTE: Additional opportunities may become available prior to the program beginning)

Check all that apply.

- Crater Vision Center (Optometry)
- Dinwiddie County Government - Animal Control
- Dinwiddie County Government - Parks, Recreation, and Tourism
- Dinwiddie County Government- Sheriff's Office (Rotational---must be a current Junior or Senior)
- Dinwiddie County Government- Social Services (Clerical)
- Dinwiddie County Public Schools - Midway Elementary (Clerical)
- Dinwiddie County Public Schools - School Board Office (Clerical/Conference Support)
- Dinwiddie County Public Schools - Bus Garage
- Dinwiddie County Public Schools - Information Technology Department
- Dinwiddie County Public Schools - High School (Clerical)
- Greenhouse Daycare (Childcare)
- Hales Electrical Services (Sales/Customer Service)
- Ragsdale Building Supply (Retail)
- Stepping Stone Academy (Childcare)
- Tee's Beauty Salon (Cosmetology)
- Temple Automotive (Mechanics)
- Virginia Department of Transportation (VDOT)-(Clerical)
- Wayne Cook Electric (Electrical Laborer---Must be at least 16 and able to drive)

Other: _____

References: (Non-Relative)

44. Reference Name 1: *

45. Phone number: *

46. Relationship: *

47. Reference Name 2: *

48. Phone number: *

49. Relationship: *

50. Reference Name 3: *

51. Phone number: *

52. Relationship: *

Certification
of
Application:

By typing your name below, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

"I certify that, to the best of my knowledge, all information provided on this application is true and complete. I authorize the verification of any and all information provided. I understand that providing any false information may result in non-selection or separation at any point during the Summer Work Based Learning Program process."

53. Student Signature: *

Please type your full name below

54. Date: *

Example: January 7, 2019

55. Media Release:

Dinwiddie County periodically uses electronic and traditional media (photographs and video) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the County and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

Mark only one oval.

Please check here if you DO NOT wish to have your photography/video released

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