

Kansas Work-Based Learning Agreement

This form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the forms in the Work-Based Learning (WBL) Personalized Learning Plan must be kept on file at the school after placement. Place a copy of the WBL Personalized Learning Plan in the student learner's Individual Plan of Study (IPS) electronic portfolio.

Student name: _____	Work site: _____
Address: _____	Supervisor: _____
City: _____ Zip: _____	Address: _____
Phone: _____	City: _____ Zip: _____
Email: _____	Phone: _____
Date of birth: _____	Email: _____
Pathway: _____	Start date: _____
Course code: _____	
High school: _____	

Parent/guardian name: _____	
Student name: _____	Home phone: _____
Address: _____	Work phone: _____
City: _____	Cell phone: _____
State: _____ Zip: _____	Email: _____

Typical Weekly Work Schedule

Day	Time of Work		Total Work Hours
	From	To	
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____
Total			_____

Type of WBL Experience

- ☐ Job shadow
- ☐ Internship/placement
- ☐ Youth-registered apprenticeship
- ☐ Simulated WBL experience
- ☐ Entrepreneurship
- ☐ Service learning
- ☐ Transition

To participate in the program, all parties must agree to the following:

Students will:

- Abide by all school, employer and coordinator policies, including being on time, following directions and follow through on preparation and work/experience assignments.
- Arrange for transportation to and from my experience. **(Must have parental permission form signed.)**
- Carry out my experience in such a manner as to reflect positively upon the school and myself.
- Complete the "Work-Based Learning Experience Work Log Record" and submit by deadline(s).
- Understand that any performance rating by the coordinator, along with other measures, will be used to determine my grade.
- Agree that all matters of business are confidential and must be held in the strictest confidence.
- Agree to observe work site rules of conduct, personal appearance and dress code.
- Avoid conducting personal business at the training site. This includes personal telephone calls, texts and having visitors.
- Understand that the school coordinator will consult with my adult mentor about school and work site absences and my ability to follow the two-week notification for conflicts and calling in.
- Agree that I am required to attend all meetings, as well as maintain all required documentation.
- Maintain 95% work site attendance per quarter, and failing to meet the minimum requirement, I may be placed on probationary status or terminated from the WBL Experience.
- Agree that if for any reason I am suspended from the school, I will not be permitted to attend the WBL Experience during the time of suspension.
- Agree to maintain average or above-average grades in all my classes.

Parents and guardians will:

- Read and understand the student learner responsibilities.
- Assist the student learner in providing transportation to and from the WBL Experience with adequate automobile insurance.
- Support student learner expectations as listed in the above Student Learner Agreement section.

School coordinator will:

- Provide instruction to the student learner which includes expectations, evaluation procedure, documents used and grading process.
- Assist student learner in the development of the WBL Personalized Learning Plan.
- Assist student learner in the review of the WBL Personalized Learning Plan (this document).
- Establish open lines of communication between all entities.
- Ensure safety of student learner when taking part in the planned experience through documentation of equipment training and insurance coverage while moving to, from and during the WBL Experience period.
- Oversee compliance of agreement by all entities.
- Notify the student learner's parents/guardian of progress.

Work site supervisor/adult mentor will:

- Provide adequate orientation before the student learner begins assigned responsibilities.
- Ensure safety of student at all times.
- Provide opportunities according to the appropriate learning goals for the student.
- Discuss the WBL Personalized Learning Plan (**this form**) with the student and school coordinator.
- Follow the WBL Personalized Learning Plan to ensure student learner has opportunities to demonstrate employability and technical skills.
- Evaluate student learner and offer direction to enhance development.

Verification

We, the undersigned, give permission for the student to participate in the WBL experience. We verify the above information is correct and is consistent with federal and state guidelines for WBL experiences.

Student: _____ Date: _____

Parent/guardian: _____ Date: _____

Coordinating teacher: _____ Date: _____

WBL coordinator: _____ Date: _____

Work site supervisor/adult mentor: _____ Date: _____

• WBL Department of Labor
Fact Sheet
[https://www.dol.ks.gov/docs/defaultsource/workplace-laws-documents/kansas-work-based-learning-\(002\)-ef.pdf?sfvrsn=34008e1f_0](https://www.dol.ks.gov/docs/defaultsource/workplace-laws-documents/kansas-work-based-learning-(002)-ef.pdf?sfvrsn=34008e1f_0)

• Liability agreement, *Kansas WBL: Personalized Learning Plan*, page 26.

• Work log, *Kansas WBL: Personalized Learning Plan*, page 27.