GUIDELINES: WORK-BASED LEARNING PLAN

DOCUMENT TITLE: Work-Based Learning Plan

WHO CREATES:

Work-Based Learning Coordinator (school);
Work-Site Supervisor (employer);
Student.

The creation of this Plan may include input from school counselor(s),
academic/vocational teachers, work-site mentor (if identified), parent or guardian.

FOR WHOM:

All high school students, grades 9-12, and postsecondary students engaged in intensive,
structured work-based learning experiences at a work site. This includes but is not limited
to: service learning projects, internships, cooperative work experiences, practicum,
fieldwork and entrepreneurial projects. Work sites may include but are not limited to:
businesses and industry, education and community-based nonprofit organizations,
entrepreneurial sites.

The Work-Based Learning Plan does NOT pertain to shorter-term career exploration
experiences at work sites such as tours or job shadows.

WHEN:

The Work-Based Learning Plan is created before the structured work-site experience
begins, is reviewed periodically throughout the experience for progress and continuous
improvement, and finally is utilized at the end of the experience as the basis for student
evaluation.

WHERE:

The Work-Based Learning Plan can be created at the school or the work site with input
from all partners.

WHY:

The Work-Based Learning Plan identifies the specific academic, technical and
employability skills to be learned by the individual student during the work-based learning
opportunity; structures the student's work-site experience to address these skills in a
practical and logical manner in order to make learning more relevant; and exposes the
student to all aspects of the particular industry to which her/his work-based learning
experience is related.
Partnership Agreement for Work-based Learning

Student:
Name: ____________________________
Address: ____________________________
City: ____________________________
State: _______________ Zip: ____________
Home Phone: ____________________________
Parent or Guardian: ____________________________
Emergency Phone: ____________________________
E-mail: ____________________________

Employer:
Company Name: ____________________________
Address: ____________________________
City: ____________________________
State: _______________ Zip: ____________
Work Site: ____________________________
Supervisor/Mentor: ____________________________
Phone: ____________________________ Fax: ____________________________
E-mail: ____________________________

Educational Institution:
School: ____________________________
Address: ____________________________
City: ____________________________
State: _______________ Zip: ____________
Work-based Coordinator: ____________________________
Phone: ____________________________ Fax: ____________________________
E-mail: ____________________________

Type of Work-based Learning Experience:
Career and Technical Education, Credit-bearing Work Experience:
Paid or unpaid Work-based Experience:
Other (describe): ____________________________
Start date and/or end date: ____________________________
Student Worksite Job Title: ____________________________

This partnership agreement outlines the basic responsibilities of the student, parent, worksite and educational institution in the delivery of this student’s work-based learning experience. All responsible parties should read this document carefully and indicate their understanding and agreement by signing on the following page.

All parties agree to:

1. Understand and comply with all federal and state regulations regarding employment, safety, worker’s compensation, child labor laws, minimum wage, and other applicable regulations pertaining to employment of a student;
2. Develop and engage in a mutually agreed upon Student Education and Career Plan (SECP) related to student’s career interest area;
3. Support the school’s policies relative to school and job attendance;
4. Support all rules and regulations of the cooperating business;
5. Participate in the periodic assessment of student progress on the job and achievement of school awarded grade and credit;
6. Ensure that related classroom requirements have been met and appropriate work records maintained;
7. Inform all parties in the case of illness, personal emergencies or possible layoff/dismissal from the worksite placement;
8. Prepare, maintain and make available all necessary records required for the Commissioners of Education and Labor and their agents;
9. Inform all parties of work-based learning schedules; and
10. ______________________________

The following safeguards, adapted from the School-to-Work Opportunities (STWO) Act and Carl D. Perkins legislation, will be implemented and maintained throughout all program activities:

a. No student shall displace any currently employed worker (including a partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits).

b. No School-to-Career Initiative shall impair existing contracts for services or collective bargaining agreements, and no program funded under this notice shall be undertaken without the written concurrence of the labor organization and employer concerned.

c. No student shall be employed or fill a job—
   - When any other individual is on temporary layoff, with the clear possibility of recall, from the same or any substantially equivalent job with the participating employer; or
   - When the employer has terminated the employment of any regular employee or otherwise reduced its workforce with the intention of filling the vacancy so created with the student.

d. Students shall be provided with adequate and safe equipment and safe and healthful workplaces in conformity with all health and safety requirements of Federal, State and local law.

e. Nothing in the STWO Act shall be construed so as to modify or affect a Federal OR State laws or regulations of the State of Connecticut. Assuring that “no person be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, mental retardation, past/present history of mental disorder, learning disability or physical disability.”

Student: ______________________________  Signature  ______________________________  Date

Parent: ______________________________  Signature  ______________________________  Date

Employer: ______________________________  Signature  ______________________________  Date

Work-based Coordinator: ______________________________  Signature  ______________________________  Date
## Work-Based Learning Plan

**Student Name:** ___________________________  **Job Title:** ___________________________

**Worksite:** ___________________________  **Supervisor/Mentor:** ___________________________

**Start Date:** ___________________________  **End Date:** ___________________________

**Placement:**  
- [] Career and Technical Education, Credit-bearing Work Experience  
- [] Other Paid or Unpaid Work-Based Experience

### COMPETENCY SOURCES:

**WEBSITE:**

- [] CTE Performance Standards and Competencies  
  [www.state.ct.us/sde/deps/index.htm](http://www.state.ct.us/sde/deps/index.htm)
  Click on Career and Technical Education (CTE) Programs

- [] Industry Skill Standards (School-to-Career)  
  [www.state.ct.us/deps/Career/STC/index.htm](http://www.state.ct.us/deps/Career/STC/index.htm)
  Scroll down and click on Content Standards under Career Cluster Frameworks

### Job Task | Competency/Source | Evaluation* (Marking Period)
---|---|---
1. Complies with labor and safety regulations on the job | CTE/CWE/STC Legal Awareness - F52, G54, G55, G56, G57 | 1 2 3 4
2. | | |
3. | | |
4. | | |
5. | | |
6. | | |

*Evaluation: Space provided for up to 4 marking periods.  
Ratings: 1 – Needs Improvement  2 – Met Standard  3 – Exceeds Standard
Approval Form: Workplace Learning Experiences for Minor Students in Hazardous Occupations

This LED 75-1 (Rev.09/04) form has been developed in accordance with the provisions of section 31-23 of the Connecticut Statutes allowing minor students (ages 16 and 17) to be placed in paid, credit-bearing workplace learning opportunities within potentially hazardous occupations. Only such workplace learning opportunities that are: a.) structured by the school and workplace partners to integrate with the classroom curriculum, and b.) monitored by local School to Career (STC) or Cooperative Work Education (CWE) staff whose programs have been reviewed and approved by the State Department of Education are eligible to use the DOL-approved LED 75-1 (Rev. 09/04) form. This form does not waive any liability issues in the workplace. In order to be processed and approved, a copy of the student's structured work-based learning plan must be attached. (See accompanying, complete instructions.)

Student Name: DOB: __________________________

Address: __________________________ City: __________________________ Zip: __________________________

School Name: __________________________ School Location: __________________________

Worksite/Employer:________________________

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Complete Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor’s Name</td>
<td>Position</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Work-based Assignment: __________________________ *Dates: __________________________ Starting Wage: $________/hr. From ________ To ________

STC cluster/CWE-CTE subject: __________________________ STC/CWE approval # __________ Equipment used: Y N

(If “Yes” describe in Work-plan)

STC/CWE Coordinator: __________________________

| Coordinator’s Name | Position | Phone |

Signatures: Please sign on the appropriate line below. All signatories agree to comply with the requirements of structured work-based learning activities, listed on the accompanying instructions page.

School: __________________________ Administrator’s Name/Title/Signature Phone: ________ Date: ________

Student: __________________________ Name/Signature Date: ________

Parent/Guardian: __________________________ Name(s)/Signature(s) Phone: ________ Date: ________

STC/CWE Coordinator: __________________________ Name/Signature Phone: ________ Date: ________

(*If summer placement, educator- monitor: __________________________ Phone: ________)

Employer-provided Workplace Mentor: __________________________ Monitor’s Name/Signature Phone: ________ Date: ________

Department of Education review: __________________________ Signature Date: ________

Department of Labor approval: __________________________ Work-based Learning Consultant’s Name/Signature Date: ________

Wage and Workplace Standards Division Officer’s Name/Signature Date: ________

Use of the LED 75-1 (Rev. 09/04) form is authorized only for those students enrolled in School-to-Career Initiatives or Cooperative Work Education Programs currently approved by the Connecticut State Department of Education (SDE). Attach a copy of the student’s individual structured work-based learning plan to this LED 75-1 (Rev. 09/04) form before submitting it to the Work-based Consultant at the CT SDE. To view a suggested format for a structured work-based learning plan, visit the SDE website www.state.ct.us/sde/deps/Career/WB/index.htm. Illegible/incomplete forms will not be processed and will be returned unapproved; they may be re-submitted when complete and legible.
Instructions for completing the LED 75-1 (Rev. 09/04) Approval Form:

- School-identified STC or CWE coordinators (not employers) complete this form for every minor student (ages 16 or 17), enrolled in a STC initiative or CWE program pre-approved by the Connecticut State Department of Education, who will participate in a paid, credit-bearing work-based learning opportunity at a work-site that is potentially hazardous;

- Complete all sections, including signatures, legibly; illegible and/or incomplete forms will be returned unapproved; (Note: if students complete parts of the form, educators might use this exercise as a lesson in a basic employability skill, and should screen them for legibility before submitting them to SDE);

- Start-dates may not be prior to the submission and approval of this form; under normal circumstances the approval process takes a week to ten days, from the time it is mailed to SDE, reviewed for eligibility, forwarded and approved by DOL, and mailed back to the school; around the holidays and during the summer, allow two-three weeks;

- Starting wage must be at least minimum wage, which is $7.10/hr., as of January 2004;

- If you are submitting this form under your school’s current, state-approved STC initiative, enter the STC career cluster and current STC approval code; if you are submitting under your current, state-approved CWE program, enter the CWE/CTE subject area and the current CWE approval code;

- All work-based learning experiences must be structured to integrate the learning at the job site with the classroom curriculum; a sample structured work-based learning plan template may be found in the Work-based Learning Toolkit on the SDE website: www.state.ct.us/sde/deps/Career/WB/index.htm;

- Attach a copy of the student’s individual structured work-based learning plan to this form; forms received without an attached, current work-plan will not be processed or approved;

- A workplace mentor, assigned by the employer, is highly recommended; the mentor-coach increases the value of the work-based learning experience and the safety of the student in these potentially hazardous situations (see above-referenced WB Learning Toolkit for a copy of the Workplace Mentor Guide);

- It is highly recommended that all students, especially those participating in either STC or CWE, receive instruction in the CT Young Worker Safety Curriculum, Work Safe!; this training is available to school faculty, in a train-the-trainer mode (for training information contact Judith Andrews, STC Manager and Work-based Learning Consultant at SDE: 860-713-6766 or judith.andrews@po.state.ct.us);

- The approval criteria and process is the same for summer STC or CWE work-based learning opportunities as those that occur during the school year. The name and contact information for the educator responsible for monitoring the summer work-site must be included on the front of this form and a student work-plan attached in order for the summer experience to be approved by SDE and DOL;

- Submit this completed and legible form for initial review directly to Judith Andrews, Work-based Learning Consultant, at the CT State Department of Education, 165 Capitol Ave., Room 363, Hartford, CT, 06106. After initial SDE review to determine eligibility, forms will be forwarded directly to DOL for final approval and subsequently will be returned to the school’s STC/CWE work-based coordinator.

Note: This form is not to be used for unpaid work-based learning activities such as community service/service learning, nor is it a waiver for any liability responsibility. By approving a LED 75-1 (Rev. 09/08) form, the Connecticut Department of Labor acknowledges that the student is participating in a paid, credit-bearing and structured workplace learning situation under the auspices of School to Career (STC) Initiative or Cooperative Work Education (CWE) Program, currently approved by the Connecticut State Department of Education.