## Community Work Assessment Program Training Agreement

Student Information											
Name (Last)	(First)	)		(MI)		Date of Birth			Age		Grade
Address		City	Zip Code			Telephone Number ( )					
Job Title											
Length of Job	Beginning	Date	Expected End Date				Number of Semester/term Credits		Optional/Pay Per Hour		
WORK SCHEDULE											
		Sunday	Monday	Tuesday	Wednesd	ay T	hursday	Friday	Saturday		
Number of Hours											

SCHOOL CONTACT INFORMATION					
Name of School			Caseload Teacher		
Address	City	Zip	Telephone Number		

EMI	PLOYER
Business Name of Employer	Telephone Number
Owner/Supervisor	
Address Cit	y Zip

#### I. Educational Goals:

Identify the specific educational, vocational, and/or behavioral skills this program is designed to reinforce. Set criteria for acceptable performance.

#### **II. Academic Courses Related to Job Placement:**

Courses currently enrolled in relating to and preparing the student for job placement. These courses are aligned with the student's career pathway and are contained in their EDP.

# III. Work Site Activities Contributing to Student's Progress Toward Career Objective:

List job tasks and performance expected:

### IV. General Agreement Conditions

A. Pupil agrees to abide by the regulations and policies of his employer AND the school.

B. The employer agrees to assume the responsibility for providing the pupil with the broadest occupational experience in keeping with job activities.

C. The Employment Training Specialist arranges for in-school related instruction, consultation and advisory service to parties concerned with this program.

D. The employment of the pupil shall conform to all federal, State, and local laws, including nondiscrimination against any applicant or employee because of age, sex, race, national origin, or handicap.

E. This training program shall NOT be interrupted without prior consultation among, pupil, employer, caseload instructor, and employment training specialist.

F. The employer will protect the health, welfare, and safety of the pupil.

### V. Signatures Approving of Participation in this Program

	Date
Student	
Parent	
School Official	
Employer	