LEXINGTON SCHOOL DISTRICT ONE

WORK-BASED LEARNING APPLICATION



Partnerships Office

PO Box 1869

Lexington, SC 29071

803.821.1071

**Lexington County School District One does not discriminate on the basis of race, color, religion, national origin, sex, disability or age in admission to, access to, treatment in or employment in its programs and activities. The following people have been designated to handle inquiries or complaints. The Chief Human Resources Officer handles inquiries/complaints regarding Title IX. Inquiries/complaints regarding Section 504 for elementary students go to the Coordinator of ESOL/RtI and for secondary students to the Director of Counseling and Advisement. The Mathematics Coordinator handles inquiries/complaints regarding Title II. Contact these people if you have questions regarding these issues at 100 Tarrar Springs Road, Lexington, SC 29072 and telephone number (803) 821-1000.**

###### **Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Student Application Packet for Work-Based Training**

**Application Process**

Complete the following forms electronically (or type). All forms must be returned to the career specialist at your home high school. Please complete all requested information on each form or indicate NA for “not applicable”. The appropriate forms must be completed prior to being released for your Work-Based Training Program. A checklist is provide to ensure completion of the application.

**Internship Application:** Forms 1 through 4 are to be completed as a packet and returned with a copy of your driver’s licenseto the career specialist at your home high school. Forms 5-6 or form 7 should be given to the appropriate person to complete. Request for the forms to be returned to the career specialist.

**Coop and Apprenticeship Application:** Forms 1 through 4 are to be completed as a packet and returned with a copy of your driver’s license to the career specialist at your home high school. Give form 7 to appropriate teacher to complete. Request for the forms to be returned to the career specialist.

**Checklist:**

**\_\_\_Work-Based Request (Form 1):** Complete all sections of this form down to the solid line.

**\_\_\_Parent/Guardian Permission & Insurance & Emergency Information (Form 2):** Read carefully, complete all

sections and obtain Parent/Guardian signature.

\_\_\_**Student Agreement & Long-Range Goals (Form 3):** Read carefully, along with your Parent/Guardian, and sign. Answer all questions in complete sentences. Make sure your answers are grammatically correct.

**\_\_\_Employer Intent (Form 4):** Take this form to your potential employer for their approval and signature. The employer is to write six competencies to be completed during the training period. Competencies are skills that you are expected to learn while at the work-site.

**\_\_\_Internship Teacher Recommendation (Form 5):** Complete student information portion and ask a high school or technology center teacher of your choice (one who has taught you) to complete. Leave form with teacher who will return it to your high school career specialist.

**\_\_\_School Counselor Recommendation for Internships (Form 6 – do not complete for co-ops):** Submit this form to your school counselor. Fill in the top portion of this form and leave with your school counselor for completion.

**\_\_\_Cooperative Education Teacher Recommendation (Form 7 – only for students requesting a co-op):** Fill in all information on this form down to the solid line and leave with your career & technology teacher to complete.

**\_\_\_Attach copy of driver’s license.**

**Complete Form A only if you are interning an employee within Lexington School District One.**

If you have questions about this application process, please contact the Partnerships Office at (803) 821-1071, or see your career specialist.

**The application deadline for schools on a block schedule is May 11, 2019 for the fall term and December 3, 2019 for the spring term.**

**The application deadline for schools on a flex mod schedule is March 16, 2019.**

**Work-Based Request: Form 1**

**Complete the following form in black or blue ink (or type). Deadline for fall term is May 11. Deadline for spring term is December 3. The deadline for school on flex mod is March 16.**

## STUDENT DEMOGRAPHICS:

Name:     Home Phone:    Cell Phone:

 First Middle Last

High School: ☐GHS ☐LHS ☐LTC ☐PHS ☐RBHS ☐WKHS Driver’s License #:

Birthdate:       Current Grade Level: ☐11th ☐12th

Month, Day, Year

Personal Email:

Home Address:

 Street City State Zip Code

Parent’s Name:      Phone:

Emergency Contact Person: Phone:

## INTERNSHIP EMPLOYER INFORMATION:

Company Name:

Company Address:

 Street City State Zip Code

Supervisor Name:      Supervisor Title:

Phone:  Email Address:      Fax Number:

**Program Type:** ☐Co-op – 1,2, or 3 units ☐Internship – 1 unit only

## DURATION & CREDITS REQUESTED:

Block(s) Requested: \_\_\_\_First \_\_\_\_Second \_\_\_\_Third \_\_\_\_Fourth \_\_\_\_Mod

If approved for an internship/coop, I wish to drop the following course(s): 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Term 1 (Fall) \_\_\_\_\_\_Term 2 (Spring) \_\_\_\_\_Annual (Flex Mod) \_\_\_\_\_\_Summer 2018

Choose one: Choose one: Choose one:

☐ 1 unit = 170 hours ☐ 1 unit = 170 hours ☐ 1 unit = 170 hours

☐ 2 units = 340 hours ☐ 2 units = 340 hours ☐ 2 units = 340 hours

☐ 3 units = 510 hours ☐ 3 units = 510 hours



**Lexington School District One Only**

☐Co-op ☐Internship Course Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cluster\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Not Approved ☐Approved Credits\_\_\_\_\_\_\_\_\_\_\_\_Term\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Partnerships Coordinator’s Signature Date

## Parent/Guardian Permission: Form 2

Student Name:

Home School: ☐ GHS ☐ LHS ☐ LTC ☐PHS ☐ RBHS ☐ WKHS

## PARENT/GUARDIAN ASSURANCES

1. I give permission for my child to participate in a Work-Based Learning Training Program.
2. I have read the *Work-Based Learning Training Manual* and agree to comply with the contents. My child agrees to comply with the manual’s contents as a condition for participation in a Work-Based Learning Training Program.
3. I understand that school personnel will not be present when my child is at the training site.
4. I will be responsible for arranging transportation for my child to and from the training site.
5. I agree to provide liability insurance coverage on the vehicle transporting my child to and from the training site.
6. I agree to communicate only with school officials concerning any aspect of my child’s experience.
7. I agree for my child to receive emergency medical treatment in case of injury or illness.
8. I understand my child must adhere to the school district’s code of conduct, the Work-Based Learning Training Program guidelines and procedures, and the employer’s training site rules and regulations.
9. I have read and understand the Student Agreement Form 4 my child signed.
10. I agree to allow my child to be photographed, videotaped, or interviewed while participating in a Work-Based Learning Training Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

**Insurance and Emergency Information**

## TRANSPORTATION INFORMATION

Transportation Arrangements: ☐ Drive Self ☐ Ride with Parent/Guardian

Auto Insurance Company Name:

Policy Holder Name:      Policy Number:

Dates of Coverage:

Agent:      Agent’s Phone Number:

##### STUDENT MEDICAL INFORMATION

Health/Accident Company:      Policy Holder Name:

Policy Number:       Telephone:

Mother’s Work Phone:       Mother’s Cell Phone:

Father’s Work Phone:       Father’s Cell Phone:

Emergency Contact Person:     Emergency Phone Number:

Physician’s Name:        Physician’s Phone Number:

Allergic to medications? ☐ Yes ☐No If yes, what medications?

List all medications presently taking:

List any physical or medical limitations:

**Students are covered by Lexington One Worker’s Compensation while at the training site. Students are covered by personal auto/health/accident insurance while traveling to and from the training site.**

# Student Agreement: Form 3

1. I agree to comply with all procedures, guidelines, and responsibilities as outlined in the *Work-Based Learning Training Manual*.
2. I agree to adhere to the rules and regulations of the district and company while participating in the work-based training program.
3. I agree to keep training site information confidential.
4. I agree to notify my career specialist immediately if injured on the training site.
5. I agree to complete a termination form and submit to my career specialist **within 3 days** of training site separation.
6. I will notify the career specialist of any and all information that changes during my work-based training. I will not leave the approved training site and go to another training site without the career specialist’s prior approval.

7. I hold a valid South Carolina driver’s license and will notify the career specialist if I lose my driver’s license during my training program.

8. I have a social security card and will provide to my supervisor upon request.

9. I understand this experience is the same as a class at school where I must come to class each day. If I sign out from school and do not report to the training site, this will be treated as cutting a class. If I am absent from school, I may not report to my training site.

**I agree that all information I have submitted to participate in the Work-Based Learning Training Program is accurate and understand that falsifying information in this application will result in my termination from the program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Name (Print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**Long Range Goals**

## USE COMPLETE SENTENCES TO ANSWER THE FOLLOWING QUESTIONS.

1. What is your career goal?

1. How will this work-based experience help you achieve your career goal?

1. Is this experience related to your high school major?

1. Do you have any previous work experience? If so, please list company, dates employed, and job duties performed:

1. How do you feel about taking directions from other people?

**Employer Intent: Form 4**

## PROGRAM OVERVIEW

Work-based training programs include cooperative education, internship, and apprenticeship opportunities. These structured, supervised experiences are designed to provide the student with (1) broad-based instruction in workplace expectations, and (2) expansion of identified competencies/goals/responsibilities related to a specific career.

## STUDENT CONTACT INFORMATION

Student Name:      Personal Email:

Cell or Home Phone:

## INTENT

Name of Business:

Address:

Supervisor:

Phone:            E-mail:

Student training competencies/goals/responsibilities: (Identify at least 6)

1.

2.

3.

4.

5.

6.

I have read the training site responsibilities for Work Based Learning students. (See next page). I have discussed the work-based training program with the student listed above. I agree to provide training as outlined in a *Training Agreement/Plan* and document the student’s progress on the employer evaluation form each nine weeks. I understand that the career specialist will meet with me to complete a *Training Agreement/Plan* within two weeks of the student’s start date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name /Title (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer Signature Date

**Training Site and Supervisor Responsibilities**

1. Comply with Federal, state, and local regulations regarding the employment of students.
2. Designate a supervisor for the work-based learning student.
3. Provide a variety of on-site training experiences, including continuous safety instruction.
4. Avoid displacing other workers who perform similar tasks.
5. Avoid the exploitation of students.
6. Inform the career specialist or Partnerships Coordinator immediately in the event of a training-related accident.
7. Report concerns with student’s actions or behaviors to the Career Specialist or Partnerships Coordinator to help resolve problems prior to formal disciplinary action.
8. Assist in the development of the work-based *Training Agreement/Plan*.
9. Sign the work-based learning *Training Agreement/Plan*.
10. Provide training on a weekly basis for a total number of hours as agreed upon in the *Training Agreement/Plan*. Any changes to the training location or schedule must be submitted to the career specialist.
11. Verify the accuracy of and sign the monthly wage and hour statement that is maintained by the student.
12. Evaluate the student while training and return completed evaluations on or before the deadline.
13. Provide time during the work-based experience for consultation with a district representative to discuss student progress.
14. Complete the Safety Questionnaire with student.
15. **Notify the career specialist or the Partnerships Office of a student’s termination by submitting the Employer Termination Statement**.

**Career Specialist Responsibilities**

1. Meet with training site supervisor at least once per semester.
2. Assign each student’s grade in compliance with the work-based learning program grading process on Page 10 of the *Work-Based Learning Manual*.
3. Encourage and remind each work-based learning student to comply with deadlines for all writing assignments and wage and hour reports.
4. Document initial and continuous safety instruction provided by employer.
5. Provide student remediation upon employer request.

**Internship Teacher Recommendation: Form 5**

Student Name:

High School: ☐ GHS ☐ LHS ☐LTC ☐ PHS ☐ RBHS ☐ WKHS

Lexington One’s Internship program offers students an opportunity to receive course credit while extending and expanding their classroom learning experiences on the training site. In order to assist us in determining student eligibility, please complete the following recommendation. **All information will be held in the strictest confidence.**

1. How long and in what capacity have you known this student?

2. Please rate the student on the following criteria, using the scale at the right.

* Attitude      
* Motivation
* Interpersonal Skills
* Verbal Skills
* Written Skills
* Course Content Mastery
* Work Habits (meeting deadlines, completing assignments)
* Attendance
* Punctuality

3. Additional comments:

1. Would you recommend this student for placement into a work-based training program?

☐Yes ☐ No; **If no, please explain:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Teacher Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subject Taught Date

**Please return completed form to the Career Specialist listed below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Specialist Name

**School Counselor Recommendation for Internships: Form 6**

Student Name:

High School: ☐ GHS ☐ LHS ☐LTC ☐ PHS ☐ RBHS ☐ WKHS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Based on your personal knowledge of this student and a review of academic and discipline records, please complete the following recommendation for the student’s participation in an internship credit-bearing course. All information will be held in the strictest confidence.**

☐ The student identified above has met or will meet all his/her graduation requirements.

☐ The student is enrolled currently in a class that can be dropped and replaced with a work-based experience on his/her schedule.

☐ Has met 2.5 GPA requirement (using SC UGP GPA).

## Recommendation

1. Would you recommend this student for placement into a work-based training program?

☐Yes ☐Yes, but with reservations. (Explain below) ☐ No, please explain.

1. Based on the knowledge of the student, will the student represent the school and school district in an acceptable manner in a workplace?

☐Yes ☐No, please explain.

1. Are you aware of any serious discipline issues (especially issues dealing with authority) pertaining to this student?

☐Yes ☐No Additional Comments (optional)

1. ☐ Recommend Work-Based Program Participation

☐ See Comments Above

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Counselor Date

**Please return completed form to the Career Specialist listed below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Specialist Name

**Career & Technology Education Teacher Recommendation For Co-Ops**

## Form 7

## TO BE COMPLETED BY THE STUDENT (PLEASE PRINT):

Name:      Date of Birth:

Grade:       High School: ☐ GHS ☐ LHS ☐LTC ☐ PHS ☐ RBHS ☐ WKHS

Career & Technology Program:       CTE Instructor:

Number of co-op credits requested:

## QUALIFICATION FOR COOPERATIVE EDUCATION:

1. Complete at least two (2) units in the **same** career & technology program or enrollment in Level II of that career & technology program.
2. Possess an 80 average in a career & technology program.
3. Provide transportation to and from the training site
4. Can secure employment in a training site that relates to a career & technology program.

I understand and believe that I meet all the qualifications stated above.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature

**To be completed by the instructor.**

**By signing this form, you are verifying that the student has earned at least an 80 average in your program and this student possesses those characteristics that an employer in your career & technology area desires in an employee.**

☐ I recommend this student for participation in co-op education.

☐ I do not recommend this student participate in co-op at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Career & Technology Instructor Name (Print) Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form to the Career Specialist listed below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Career Specialist Name 

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Last revised 10/16/2017



LEXINGTON SCHOOL DISTRICT ONE

WORK-BASED LEARNING APPLICATION

Addendum A: For Students Interning In-District Staff

Lexington School District One students are allowed to intern staff within our district.  This form must be completed by the school principal or area director, if the internship is not within a school (such as Central Services, the Operations Center, etc.)

I verify that:

1. The student is not being used for staffing shortage purposes
2. The student is not performing activities typically assigned to the staff in order to relinquish the staff from performing their duties
3. The student will be learning real-world work skills
4. At least 6 competencies have been assigned to the student to ensure that the student is learning skills that will prepare them for a career in this field of interest. These competencies are recorded on Form 6 of the application. Career Specialists can be consulted in developing these competencies.

5) The student will be evaluated twice a semester (block schedule) or twice annually (RBHS), to ensure the student's progress on the above mentioned competencies.

6) The student is interning with a faculty/staff/employee of the district that represents our brightest leaders – a person who will serve as a mentor and facilitator of industry-standard knowledge and skills.

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Signature of Principal or Area Director Date

***Send this form directly to the CDF (and not through the student)*** since it would not be appropriate for the student to know your evaluation of the staff.

WBLA 2017-18