



**WORK-BASED LEARNING APPLICATION**

2020-2021 Application Deadlines:

**(Fall)** May 14, 2020

**(Spring)** December 4, 2020

**(RBHS)** March 11, 2020

FORM#	FORM NAME	WHO COMPLETES	CHECKLIST
Form 1	Demographics/ Term Requested	Everyone	
Form 2	Transportation/ Medical	Everyone	
Form 3	Parent/Student Agreement	Everyone	
Form 4	Employer Intent	Internship/Co-op Applicants	
Form 5	Teacher Recommendation	Internship/Sports Medicine Clinical Applicants; not required for Co-op Applicants	
Form 6	Counselor Recommendation	Internship/Sports Medicine Clinical Applicants; not required for Co-op Applicants	
Form 7	Athletic Trainer Recommendation	Sports Medicine Clinical Applicants	
Form 8	CTE Teacher Recommendation	Co-op Applicants	
Form 9	In-District Permission	In District Internship Applicants	

**LEXINGTON SCHOOL DISTRICT ONE OFFICE USE ONLY**

Student Name \_\_\_\_\_

Date application submitted to District \_\_\_\_\_

Date application submitted to Counselor & Student Record Operator \_\_\_\_\_

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.

**FORM 1**  
**Lexington School District One**  
**Work-Based Learning Application**

**STUDENT DEMOGRAPHICS**

Name \_\_\_\_\_ Student Cell \_\_\_\_\_

High School    GHS    LHS    LTC    PHS    RBHS    WKHS

DOB (Month, Day, Year) \_\_\_\_\_ Current Grade    11<sup>th</sup>    12<sup>th</sup>

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Personal Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**TERM & CREDIT(S) REQUESTED**

Program Type    Internship    Co-op    Sports Med Internship

Term preference    Fall    Spring    Summer    Annual (RBHS)

Units/hours requested    1 unit (150 hours)    2 units (300 hours)    3 units (450 hours)

Block(s) requested    First    Second    Third    Fourth    Flex Mod

If approved, I wish to drop the following course(s) \_\_\_\_\_ , \_\_\_\_\_

**LEXINGTON SCHOOL DISTRICT ONE OFFICE USE ONLY**    Co-op    Internship    Sports Medicine Clinical

Approved    Not Approved    Credit(s) \_\_\_\_\_ Term \_\_\_\_\_

Course Number \_\_\_\_\_ Cluster \_\_\_\_\_

Partnerships Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORM 2**  
**Lexington School District One**  
**Work-Based Learning Application**

**TRANSPORTATION INFORMATION**

Transportation arrangement    Drive Self    Ride with Parent/Guardian

Auto Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Dates of Coverage \_\_\_\_\_

Insurance Agent Name \_\_\_\_\_ Agent Phone \_\_\_\_\_

Student Driver's License Number \_\_\_\_\_ **(REQUIRED)**

**MEDICAL INFORMATION**

Medical Insurance Company Name \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Current Medications \_\_\_\_\_

Student physical or medical limitations \_\_\_\_\_

**LONG RANGE GOALS**

What is your career goal? \_\_\_\_\_

\_\_\_\_\_

How will this work-based learning experience help achieve your career goal? \_\_\_\_\_

\_\_\_\_\_

Is this work-based learning experience related to your high school major? \_\_\_\_\_

\_\_\_\_\_

What Career Cluster should be assigned to your internship? \_\_\_\_\_

**FORM 3**  
**Lexington School District One**  
**Work-Based Learning Application**

**PARENT/GUARDIAN PERMISSION**

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 and understand that students are covered by Lexington One Worker's Compensation while at 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 below.
10. I agree to allow my child to be photographed, videotaped, or interviewed while participating in a Work-Based Learning Training Program.

**STUDENT AGREEMENT**

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 am responsible for arranging transportation to and from the work site.
8. I have a social security card and will provide it to my supervisor upon request.
9. I agree that all information submitted in this application is accurate, and I understand that falsifying information in this application will result in my termination from the program.

Student Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**FORM 4**  
**Lexington School District One**  
**Work-Based Learning Application**

**PROGRAM OVERVIEW & TRAINING SITE SUPERVISOR RESPONSIBILITIES**

Work-Based Learning Training Programs include cooperative education and internship opportunities. These structured, supervised experiences are designed to provide the student with broad-based instruction in the workplace related to a specific career.

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; avoid the exploitation of students.
5. Inform the Career Specialist or Partnerships Coordinator immediately in the event of a training-related accident.
6. Report concerns with student actions or behaviors to the Career Specialist or Partnerships Coordinator to help resolve problems prior to formal disciplinary action.
7. Assist in the development of and sign the work-based *Training Agreement/Plan*.
8. Provide weekly training for the total number of hours agreed upon in the *Training Agreement/Plan*. Any changes to the training location or schedule must be submitted to the Career Specialist.
9. Sign and verify the accuracy of the monthly Hour Report that is maintained by the student.
10. Evaluate the student while training and return completed evaluations on or before the deadline.
11. Complete the Safety Questionnaire with the student.
12. If the student is terminated, notify the Career Specialist or the Partnerships Office immediately.

**STUDENT CONTACT INFORMATION**

Name \_\_\_\_\_ Personal Email \_\_\_\_\_ Cell \_\_\_\_\_

**EMPLOYER INTENT**

Business Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Employer Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORM 5 (TEACHER)**  
**Lexington School District One**  
**Work-Based Learning Application**

**TEACHER RECOMMENDATION**

Student Name \_\_\_\_\_

High School    GHS    LHS    LTC    PHS    RBHS    WKHS

Lexington One’s Work-Based Learning Training Program offers students an opportunity to receive course credit while extending and expanding classroom learning experiences on a training site. In order to assist us in determining student eligibility, please complete the following recommendation. All information provided is confidential and will not be shared with the student. Please return completed forms to your Career Specialist.

**Please evaluate student performance based on the following scale:**

0 = Not Observed, 1 = Improvement Needed, 2 = Developing, 3 = Competent, 4 = Proficient, 5 = Advanced

ELEMENT	SCORE	COMMENTS
Attitude		
Motivation		
Interpersonal Skills		
Verbal Skills		
Written Skills		
Course Content Mastery		
Meets Deadlines		
Completes Assignments		
Attendance		
Punctuality		

How long and in what capacity have you known the student?

\_\_\_\_\_

Would you recommend the student for placement into a Work-Based Learning Program?    Yes    No

If no, please explain \_\_\_\_\_

Additional comments \_\_\_\_\_

Teacher Name (Print) \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to Career Specialist**

**FORM 6 (COUNSELOR)**  
**Lexington School District One**  
**Work-Based Learning Application**

**COUNSELOR RECOMMENDATION**

Student Name \_\_\_\_\_

High School    GHS    LHS    LTC    PHS    RBHS    WKHS

Based on your personal knowledge of this student, please complete the following recommendation for participation in a work-based learning (WBL), credit-bearing course.

The student meets the 2.5 GPA (SC GPA UGP) requirement.    Yes    No

The student has met or will meet all graduation requirements.    Yes    No

The student has a class(es) that can be dropped and replaced with a WBL experience on the schedule.    Yes    No

The student's attendance record indicates the student would be a reliable participant in a WBL experience.    Yes    No

The student's discipline record reflects that the student would represent the school and district in an acceptable manner.  
 Yes    No

Do you recommend the student for placement into a WBL Program?    Yes    No

Additional comments \_\_\_\_\_

**Please evaluate student performance based on the following scale:**

0 = Not Observed, 1 = Improvement Needed, 2 = Developing, 3 = Competent, 4 = Proficient, 5 = Advanced

ELEMENT	SCORE	COMMENTS
Attitude		
Motivation		
Interpersonal Skills		
Verbal Skills		
Dependable		
Adaptable		
Responsible		

Counselor Name (Print) \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORM 7 (ATHLETIC TRAINER)  
Lexington School District One  
Work-Based Learning Application**

**ATHLETIC TRAINER RECOMMENDATION (Only complete for Sports Medicine Clinical program)**

Student Name \_\_\_\_\_

High School    GHS    LHS    LTC    PHS    RBHS    WKHS

Lexington One's Work-Based Learning Training Program offers students an opportunity to receive course credit while extending and expanding classroom learning experiences on a training site. In order to assist us in determining student eligibility, please complete the following recommendation. All information provided is confidential and will not be shared with the student. Please return completed forms to your Career Specialist.

**Please evaluate student performance based on the following scale:**

0 = Not Observed, 1 = Improvement Needed, 2 = Developing, 3 = Competent, 4 = Proficient, 5 = Advanced

ELEMENT	SCORE	COMMENTS
Attitude		
Motivation		
Interpersonal Skills		
Verbal Skills		
Written Skills		
Course Content Mastery		
Meets Deadlines		
Completes Assignments		
Attendance		
Punctuality		

How long and in what capacity have you known this student? \_\_\_\_\_

Has the student completed Sports Med 1, Sports Med 2, CPR and AED training?    Yes    No

Do you recommend the student for placement into the Sports Medicine Clinical program?    Yes    No

If no, please explain \_\_\_\_\_

Additional comments \_\_\_\_\_

**Athletic Trainer (Print)** \_\_\_\_\_ **Athletic Trainer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return to Career Specialist**



**FORM 8 (CTE TEACHER)**  
**Lexington School District One**  
**Work-Based Learning Application**

**CAREER & TECHNOLOGY EDUCATION TEACHER RECOMMENDATION (Only complete for co-op program)**

Student Name \_\_\_\_\_ High School GHS LHS LTC PHS RBHS WKHS

Student, please indicate whether or not you have met each of the following requirements:

1. I have completed at least two (2) classes in the same CTE program or I am enrolled in Level II for next semester.  
     Yes    No
2. I possess an 80 average or better in the above referenced CTE classes.    Yes    No
3. I can secure employment with a training site related to the above referenced CTE classes.    Yes    No

CTE Instructor \_\_\_\_\_ CTE Program \_\_\_\_\_ Co-op credits requested \_\_\_\_\_

Lexington One's Work-Based Learning Training Program offers students an opportunity to receive course credit while extending and expanding classroom learning experiences on a training site. In order to assist us in determining student eligibility, please complete the following recommendation. All information provided is confidential and will not be shared with the student. Please return completed forms to your Career Specialist.

**Please evaluate student performance based on the following scale:**

0 = Not Observed, 1 = Improvement Needed, 2 = Developing, 3 = Competent, 4 = Proficient, 5 = Advanced

ELEMENT	SCORE	COMMENTS
Attitude		
Motivation		
Interpersonal Skills		
Verbal Skills		
Written Skills		
Course Content Mastery		
Meets Deadlines		
Completes Assignments		
Attendance		
Punctuality		

The student earned an 80 average or better in the above referenced CTE program.    Yes    No

Based on your knowledge, will the student reflect the school and district in an acceptable manner?    Yes    No

Additional comments \_\_\_\_\_

Do you recommend the student for placement into a work-based learning co-op program?    Yes    No

Additional comments \_\_\_\_\_

Student Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

CTE Teacher Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to Career Specialist**

**FORM 9 (IN-DISTRICT)  
Lexington School District One  
Work-Based Learning Application**

**IN-DISTRICT PERMISSION FORM (Only complete if interning within Lexington School District One)**

Student Name \_\_\_\_\_

Internship \_\_\_\_\_

Lexington School District One students are allowed to intern district staff, but this form must be completed by the school principal or area director where the student is interning in the school. Additionally, the area director must sign if the student is interning with someone inside or outside of a school that is not a teacher. (Ex: if interning with the speech therapist, the Lexington One School District ST supervisor must also sign in addition to the principal where the student will intern.) Please return completed forms to the student's Career Specialist.

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

Principal (Print) \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Area Director Name (Print) \_\_\_\_\_

Principal or Area Director Signature \_\_\_\_\_ Date \_\_\_\_\_