**Madison County WBL Training Agreement**

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| --- | --- | --- | --- |
| **Worksite Location** | | **Address** | |
|  | |  | |
| **Supervisor Contact Name** | **Phone** | **Email** | |
|  |  |  | |
| **Student’s First Name** | **Student’s Last Name** | **MSIS #** | **Date of Birth** |
|  |  |  |  |

**Job Description:**

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**All parties are aware of the following:**

1. Work-site training will be provided in the occupational subject area that is related to the student’s career objective.
2. All parties will coordinate training, experiences, and supervision as available.
3. The parent/guardian shall be responsible for the conduct of the student participating in the program.
4. Occupational safety instruction necessary will be provided by location.
5. This agreement may be terminated by parties for appropriate cause with consultation with the coordinator and supervisor.
6. Parents, guardians, and student assume all risks for WBL and also responsible for reliable transportation, documentation, and participation.
7. Monetary wages (if applicable) should be fair compensation and include a provision for equal pay for equal work.

**The student will be evaluated on the following:**

* Assessments will be completed by the worksite supervisor with WBL Coordinator.
* Hours will be documented through approved time sheets submitted to the WBL Coordinator.
* Reflective documentation and other assignments will be submitted through Canvas.

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**Supervisor Date WBL Coordinator Date**

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**Student Date School Administration Date**

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**Parent/Legal Guardian Date School Counselor Date**

**Student’s School:**

|  |  |  |  |
| --- | --- | --- | --- |
| * GHS | * MCHS | * RHS | * VJHS |

**Type of Experience:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Business/Industry | * School-Based Enterprise | * Entrepreneurship | * Simulated Workplace | * Virtual Employment | * Apprenticeship | * Service-Learning Project |
| * Other (explain): | | | | | | |