

### Universal Structured Work-based Learning Plan

Student Name:  Work Site Title:

School Name: **Wamogo Regional High School** Career Pathways Program Supervisor Name: **R. Christopher Brittain**

Employer Name:  Work Site Mentor Name:

Start Date:  End Date: September 30,

**Placement:**

- Career Pathways paid, credit-bearing, Work-based Learning Experience (All Career Pathways)
- Agricultural Science and Technology Education paid/unpaid Supervised Agriculture Experience (SAE)
- Other paid Work-based Learning Experience (describe):
- UNPAID Work-based Learning Experience.

Career Learning tasks should be aligned to established education/industry performance standards: (Check which standards are aligned)

- CTE Performance Standards/Competencies: [http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Career/perf\\_stand\\_comp.pdf](http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Career/perf_stand_comp.pdf)
- Other National and/or Industry-recognized Skill Standards:

Career Learning Tasks	Competency/Source
1. Complies with labor and safety regulations on the job.	CTE <b><i>WorkSafe!</i></b> Curriculum; or other Safety Awareness Training (indicate): <input type="text"/>
2. Exposed to "All Aspects of the Industry"	Industry/Business Partner
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>

List all power equipment the student will be required to operate at the work site.

Additional tasks may be added to supplemental sheets if necessary.

**Partnership Agreement for Work-based Learning**

**Student**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State:  CT Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Employer**  
 Work Site Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State:  CT Zip: \_\_\_\_\_  
 Work Site Phone: \_\_\_\_\_  
 Work Site Mentor: \_\_\_\_\_  
 Work Site Mentor Phone: \_\_\_\_\_  
 Work Site Mentor E-mail: \_\_\_\_\_

**School**  
 School Name: Wamogo Regional High School  
 Address: 98 Wamogo Road  
 City: Litchfield  
 State:  CT Zip: 06798  
 Students' Career Pathways Supervisor: R. Christopher Brittain  
 Phone: (860) 567-6649  
 E-mail: cbrittain@rsd6.org

**Type of Work-based Learning Experience**  
 Career Pathways paid, credit-bearing Work-based Learning Experience (All Career Pathways).  
 Agricultural Science and Technology Education paid/unpaid  
 Other paid Work-based Learning Experience:  
 Unpaid Work-based Learning Experience.  
 Start:  Receipt of DOL/SDE Signed Waiver End date: 09/30/  2019  
 Work Site Title: \_\_\_\_\_

This partnership agreement outlines the basic responsibilities of the student, parent/guardian, employer and educational/community institution in the delivery of this individual'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. Engage the student in the development of an on-going, individual Education and Career Development Plan that reflects the interests, aptitudes and abilities of the student;
3. Support the policies of the school relative to attendance and behavior;
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 appropriate recognition (grades, credits and/or awards);
6. Ensure that related classroom/program 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 employment placement;
8. Prepare, maintain and make available all necessary records required for the Commissioners of Education and Labor and their agents; and
9. Inform all parties of work-based learning schedules.

**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:**

1. 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).
2. No work-based learning program 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.
3. No student shall be employed or fill a job:
  - i. 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
  - ii. 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.
4. 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.

*The State of Connecticut Departments of Education and Labor are committed to a policy of equal opportunity/affirmative action for all qualified persons. The Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, disability (including, but not limited to, mental retardation, past or present history of mental disability, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws.*

Student: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

School Career Pathways Supervisor: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Work site Mentor:  (Check if mentor and employer is the same individual.)  
 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_