



TOOLS

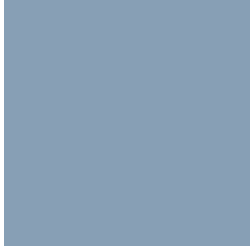
Apprenticeship Plan and Agreement

Student's Last Name:		Student's First Name:	
SSID Number:		Date of Birth:	
Address:			
	City:		
Cell Phone Number:		Email Address:	

School:	
Address:	
Phone Number:	

CTE Program Area:		Career Pathway/ ICAP Career Goal(s):	
Teacher:			
Name of Apprenticeship Coordinator/ Supervisor			

Company/Business Name:		Phone Number:	
Address:			
Work-Site Mentor:		Title:	
Student Work Schedule (Days and Hours):		Start and End Date:	
Total Hours Per Week:		Hourly Wage:	
Copy of Background Check: Work Site Mentor	Yes	No	



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Based on the Apprenticeship type, complete the following:

General Workplace Competencies

	Attendance / Punctuality		Adaptability / Flexibility
	Appropriate Dress		Relationships with Co-Workers
	Attitude		Time Management
	Dependability		Quality of Work
	Initiative		Quantity of Work
	Ability to Follow Directions		Abides by Company Rules / Regulations
	Job Knowledge		Safety
	Cooperation		Use of Equipment

Technical Skills/Competencies (Harzardous Occupations*)

1.
2.
3.
4.
5.
6.
7.

*The addendum for "hazardous occupations" shall be completed if the co-op placement is associated with an exemption for hazardous occupations.

Occuoational Safety Competencies

1.
2.
3.
4.
5.
6.
7.

Student's Name:		School Year:	
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Apprenticeship Plan and Agreement

The student agrees to:

- be courteous and considerate of the employer, co-workers, and others
- keep the employer's best interest in mind and to be punctual, dependable and loyal
- notify the employer and the coordinator as soon as possible if they are not able to attend work and/or school
- keep such records of work experiences and wages (if applicable) earned as required by the school and to submit them on or before specified deadlines
- conform to the policies, procedures and regulations of the employer and the school
- maintain a satisfactory performance level while on the job
- abide by the Apprenticeship Plan/Agreement developed by the teacher, coordinator and employer

The teacher/coordinator agrees to:

- prepare, with assistance of the training supervisor, an Apprenticeship Plan/Agreement
- revise the Apprenticeship Plan/Agreement as needed to improve the student's work experience
- visit the student on the job as often as appropriate to the Apprenticeship experience to determine instructional needs and to ensure that the student receives job training and supervision, as well as a variety of job experiences
- maintain confidentiality related to the information gathered from the company/business
- adequately train and prepare the student for success, prior to the Apprenticeship placement

The parent/guardian agrees to:

- accept responsibility for the student's safety and conduct while traveling to and from school, place of employment and/or home
- support the concepts of apprenticeship experiences
- abide by the Apprenticeship Plan/Agreement for hazardous occupations, when applicable

The employer agrees to:

- take an active part in the training and supervision of the student while providing instruction in accordance with the Apprenticeship Plan/Agreement
- provide safety training as required by OSHA
- assist the teacher/coordinator in the evaluation of the student's performance on the job by completing the necessary evaluation forms, when required
- provide close supervision by an experienced and qualified person to avoid subjecting the student to unnecessary or unusual hazards
- give the same consideration to the student as given to other employees in regard to safety, health, general employment conditions and other regulations of the business
- comply with all regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, religion, marital status or age
- comply with all laws regarding (if applicable) and hours of minors and student learners
- contact the teacher/coordinator prior to the student's dismissal from employment
- pay the student/trainee when an employer/employee agreement is negotiated
- ensure that all supervising employees have completed a criminal background check
- maintain confidentiality of student information in accordance with state and federal law



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If this agreement is for a paid Apprenticeship learning placement, the employer certifies that this student is covered by Worker’s Compensation Insurance otherwise the student and school assume insurance coverage.

Signatures		Date
Employer:		
Principal:		
Student:		
Apprenticeship Coordinator: <i>(when applicable)</i>		
Teacher:		
Parent/Guardian:		

Copies of this Apprenticeship Plan/Agreement have been sent to:

- Employer
- Principal
- Student
- Apprenticeship Coordinator
- Teacher(s)
- Parent/Guardian