



Lebanon High School  
1700 S. Fifth St.  
Lebanon, OR 97322  
541/451-8555

## Lebanon High School Work Based Learning Plan

Students: Please complete the attached documents to apply for work experience credit. If approved, we will add this to your schedule. Please be sure to double check you have received all signatures needed prior to turning it in.

1. Work Based Learning Plan - 1 page
2. Work Based Learning Agreement - 3 pages
3. Work Based Learning Evaluation Form - 1 page

### *Timecards and Evaluation Form*

1. During the semester, bring in copies of timecards, pay stubs, or some type of documentation of hours worked. Without documentation of hours worked, we cannot grant high school credit.
2. The Work Based Learning Evaluation form is required for credit. It must be submitted by the end of the semester. The form is located on the last page of this packet.

*As a general rule, you should always save your pay stubs or have electronic access to them.*

*65 hours - .50 elective credit  
130 hours - 1.0 elective credit*

*The maximum number of credits you can earn for work experience is 2.0 credits!*

## Work Based Learning Plan

(To be completed by Student, Work Site Supervisor and School Counselor)

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

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Paid Experience \_\_\_\_ Unpaid Experience \_\_\_\_ Job Shadow \_\_\_\_ Hrs/Wkly \_\_\_\_ Rate of Pay: \_\_\_\_\_

**Job Duties: (Supervisor: What tasks are to be assigned to the student?)**

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

**Special Restrictions:** \_\_\_\_\_

**Equipment:** \_\_\_\_\_

### Student Learning Objectives:

The Work Site Supervisor, School Counselor, and Student agree to the following learning objectives for this work experience. These objectives are successful outcomes from the work experience: accomplishments, skills, and knowledge or behavior outcomes. Each objective should be clearly stated in measurable terms with some type of time frame. The evaluation will be completed at the end of the training period.

**Clearly state your learning objectives by answering the following for each:**

What are you planning to achieve? How do you intend to accomplish this? How will the completion of the objective be measured? When are you going to complete the objective?

**Learning Objective #1:**

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**Learning Objective #2:**

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**Learning Objective #3:**

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\_\_\_\_\_  
**Student Signature**                      **Date**

\_\_\_\_\_  
**Employer/Supervisor Signature**                      **Date**

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**

\_\_\_\_\_  
**School Counselor Signature**                      **Date**

## Work Based Learning Agreement

This agreement outlines the expectations of the student, parent/guardian, school district and employer for all work based learning opportunities; including all paid and unpaid experiences. Credit will be issued based upon successful completion of the student learning plan created between the student and employer, signed copy of this agreement and appropriate documentation. 65 hours of documented work experience = .5 credits. A student may earn up to 2.0 credits total while pursuing a LHS diploma.

Student Name : \_\_\_\_\_ Date: \_\_\_\_\_

Student Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_ Student Age: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Work Site Organization: \_\_\_\_\_

Work Site Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Site Alternate Supervisor (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

### **Student agrees to accept the following responsibilities:**

1. Keep regular attendance both in school and on the work site. Notify the school coordinator and employer if he/she is unable to report for work. All attendance and regulations must be followed.
2. Show honesty, punctuality, a cooperative attitude, proper grooming and dress, and willingness to learn.
3. Consult the supervising teacher, as well as the employer, of any problems that arise in a timely manner.
4. Conform to the rules and regulations of the work site and maintain confidentiality.
5. Complete required assignments and furnish necessary information, reports and timesheets/pay stubs.
6. Maintain satisfactory performance as identified in the student learning plan.
7. Arrange transportation to and from the work site. ***The school/program does not provide supervision to and from work sites.***
8. Report on the job accidents or illness to your supervisor and the supervising teacher immediately and complete appropriate reports.
9. Authorize the school to release information concerning grades, attendance, and behavior conduct to the employer or potential employer.

**I agree to comply with all the regulations set forth by the company to which I am assigned as part of the Lebanon Community School District Work Based Learning Program. I further agree to comply with school regulations and to maintain my attendance and citizenship responsibilities both in and out of school. I realize failure to comply with the rules and regulations of the program may result in my removal from the work site.**

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

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

**Parent/Guardian agrees to accept the following responsibilities:**

1. Arrange transportation to and from the work site. Be responsible for the safety and conduct of the student while he/she is traveling to and from school, the work site, and home.
2. Encourage the student to effectively carry out his or her duties and responsibilities.
3. Share the responsibility for the conduct of the student in the program.
4. Authorize the school to release information concerning grades, attendance, and behavior conduct to the employer or potential employer.

**Liability and Medical Release**

*I understand that participation in the Lebanon Community School District's Work Based Learning Program carries with it a certain element of risk, and that by participating in these events, my child will be exposed to a variety of hazards and risks of injury, both foreseen and unforeseen, and which cannot be eliminated due to the nature of the activities. These include harm to my child, his property, and to others.*

*In consideration for providing my child the opportunity of participating in the aforementioned activities, while fully recognizing the dangers and hazards inherent in participating in the above mentioned work based learning activities and any related transportation to and from work sites, to the fullest extent allowed by law, **on behalf of myself and my minor child, I hereby voluntarily agree to waive and discharge any and all claims of whatever nature and release from liability, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and hold harmless the Lebanon Community School District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including injuries stemming from the actions of the District or its employees or agents. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my child.***

*In the event my child may need medical treatment; I hereby consent and authorize an adult representative of the Work Experience Provider to permit such treatment on my behalf. I agree to be responsible for the cost of any medical services and to indemnify the school district and Work Experience Provider for such expense.*

*My child does not have any physical or medical condition which would restrict or prevent him or her from participating in the scheduled activity, or which would increase the risk of harm to my child with the exception of the following: \_\_\_\_\_*

*I hereby give my consent for \_\_\_\_\_ to participate in the part time Work Based Learning Program at Lebanon High School during the current school year. I agree that the above named student may participate in the out of school assignments made as part of the program. I will collaborate with the school to ensure student enthusiasm and good attendance and punctuality habits.*

*If any provisions or any part of any provision of the Agreement is held to be invalid or legally unenforceable for any reason, the remainder of the Agreement shall not be affected thereby and shall remain valid and fully enforceable. I have read this Agreement in its entirety and I freely and voluntarily assume all risks of such hazards and notwithstanding such, I agree to participate with my child in this activity. I certify that I have read this release and fully understand its contents.*

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

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

*Work Site Supervisor agrees to the following responsibilities:*

1. Provide experience for the student that will contribute to the attainment of the career objective.
2. Provide adequate, qualified mentoring of each participant. Mentorship activities may include work assignments that provide hands-on experience in skills required for participant's occupational objectives, "shadowing" or observations, instruction in business ethics, and tutoring assistance. Adequate, qualified mentoring includes the following: providing participants orientation to mentorship sites, explaining safety rules and standard work policies, assigning tasks to participants as outlined in the Work Based Learning plan for each participant, providing participants with a safe and sanitary work environment and necessary tools and equipment ordinarily provide to regular employees and reporting participant process to Lebanon Community School District's Work Based Learning Coordinator.
3. Provide evaluation of student performance, time for student consultation, and on site monitoring by authorized staff.
4. Keep and complete accurate attendance and/or time records, as required.
5. Consult the program coordinator/teacher regarding problems related to the work experience, and contact promptly before considering suspension, transfer or termination.
6. Fill out appropriate forms in the event of an accident, however minor, which occurs on the job.
7. Maintain a policy that assures there will be no discrimination or harassment on the grounds of age, handicap, disability, national origin, race, marital status, parental status, religion or sex.
8. Abide by all state and federal health and safety regulations, the Fair Labor Standards Act, Child Labor Laws, and provide Worker's Compensation for all paid positions.
9. Ensure that the activities of participants do not result in the displacement of currently employed workers, including partial displacement, such as reduction in hours of non overtime work, wages, or employment benefits. No participant may be placed in training in any position when the same or substantially equivalent position is vacant due to a hiring freeze, a strike, or displacement goes into effect, it is the responsibility of the work site supervisor to contact Lebanon Community School District's Work Based Learning Coordinator.

Work Site Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The School Counselor agrees to accept the following responsibilities:*

1. Develop a Work Based Student Learning plan.
2. Assist in explaining requirements, completing paperwork, resolving problems, and helping the employer provide a meaningful work experience for the student.
3. Grant work experience credit after satisfactory performance of job duties as determined by the instructor and the employer.
4. Recruit and refer students without regard to age, handicap, national origin, race, marital status, parental status, religion or sex.
5. Provide student and business pre-employment orientation.

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Work Based Learning  
Evaluation Form**

*(This form is to be completed by the end of the semester)*

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

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check the appropriate box:    E = Excellent       G = Good       P = Poor

	E	G	P		E	G	P
Adaptability	_____	_____	_____	Personal Management	_____	_____	_____
Attendance	_____	_____	_____	Customer Relations	_____	_____	_____
Communication	_____	_____	_____	Quality of Work	_____	_____	_____
Cooperation	_____	_____	_____	Quantity of Work	_____	_____	_____
Dependability	_____	_____	_____	Self-Control	_____	_____	_____
Initiative	_____	_____	_____	Staff Relations	_____	_____	_____
Knowledge of Work	_____	_____	_____				

What type of duties did this student perform?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was this a good experience for you? If not, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should this student receive a PASS grade? If not, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_