



FINDLAY DIGITAL ACADEMY

Where Learning Fits You™

TRAINING PLAN AGREEMENT WORK-BASED LEARNING

1219 West Main Cross, Suite 101, Findlay, Ohio 45840

(419) 425-3598

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|---|--|
| Student Name: | Worksite: |
| Address: Coach: | Supervisor: |
| City/Zip: DOB: | Address: |
| Phone: Grade: | City/Zip: |
| Email: | Phone: |
| Start date: | Email |
| Millstream Student Yes _____ No _____ Type of Work Based Learning Experience <input type="radio"/> Employment (paid) <input type="radio"/> Other _____ Consider this experience for Elective Credit Yes _____ No _____ | Typical average weekly work schedule hours per week <input type="radio"/> 0 – 8 hours per week <input type="radio"/> 8 – 20 hours per week <input type="radio"/> 20 – 40 hours per week Pay Rate: _____/hr |

The student will work to develop the following outcomes.

- Demonstrates reliability and integrity with responsibilities.
- Demonstrates effective work ethic and accountability.
- Demonstrates punctuality in arriving to work.
- Demonstrates discipline and self-control.
- Demonstrates ability to work as part of a team/collaborate.
- Demonstrates professionalism in dress and actions.
- Demonstrates desire to learn new skills and information.
- Demonstrates strong decision-making, problem-solving skills.
- Demonstrates leadership potential.
- Demonstrates creative thinking or innovative solution ideas.
- Demonstrates effective communication skills.
- Demonstrates knowledge of technology needed to do the job.
- Demonstrates initiative and self-direction.
- Demonstrates adaptability and flexibility.
- Demonstrates respect for diverse groups of people.
- Demonstrates knowledge of strengths, skills and experiences necessary to be successful.

This Agreement is linked to the student's: _____ Graduation Plan, _____ Readiness Seal

Students will earn 0.5 Elective credits for every 60 hours of work completed (Max 3 credits).

Students can earn up to 13 hours a week towards attendance, but can earn no more than the number of academic hours earned.

In this box, write your job title and description of your work. If a work description is available, please attach to this form.

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To participate in the program, all parties must agree to the following:

EVERYONE

1. All parties agree that the primary purpose of this employment-based experience is educational.
2. The agreement will not be terminated without the knowledge of all parties concerned.
3. Learning experiences will be planned and managed on the basis of a written training plan.
4. The coordinating coach and supervisor will agree on a training plan for the student.

STUDENT

1. The policies, rules and regulations of the school and the business will be upheld.
2. Actions, attitudes and appearance will reflect positively on the school and the business.
3. Advance notification of absence will be given to the employer.
4. Records of work experience (time sheets), goals, pay stubs and self-evaluation will be completed and submitted as required by the school.
5. Student will be punctual, have regular attendance at school and on the job.
6. Student will maintain 26 hours of full-time attendance equivalency.

PARENTS/GUARDIAN

1. Responsibility for the personal conduct of the student at school and at work.
2. Transportation to and from the worksite must be provided by the student's parents or guardians.
3. The student will be encouraged to carry out duties and responsibilities effectively.

EMPLOYER/SUPERVISOR

1. The student will be assigned a supervisor who will work with the coordinating coach on the student's training plan and periodically evaluating the student.
2. Local, state and federal employment and compensation regulations apply to the student.
3. Counsel the student about his or her progress on the job.

COACH

1. The coordinating coach will meet with supervisor to evaluate the student's performance.
2. The coordinating coach and supervisor will agree on a training plan for the student.
3. The coordinating coach will counsel the student about his or her progress on the job.
4. The coordinating coach will determine the student's final grade.

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|---|-------|
| Student's Signature: | Date: |
| Parent or Guardian's Signature: | Date: |
| Supervisor's Signature: | Date: |
| FDA Teacher Of Record Signature: | Date: |
| FDA Work-Based Learning Coach Signature: | Date: |