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#### Work-Based Learning

**SCHOOL REGULATIONS/POLICIES**

1. Student acknowledges that the primary purpose of Work-Based Learning is educational and, therefore, agrees to abide by the Work-Based Learning (WBL) program policies and decisions of the Cooperative Education Teacher-Coordinator, including those regarding specific job placements
2. Student acknowledges that the school, through the Work-Based Learning Teacher-Coordinator, is acting as an intermediary between the training mentor and student and that the Work-Based Learning Teacher-Coordinator has a legitimate right to know and a significant role in determining the outcome of any placement issues including, termination, scheduling, assignments, and all other aspects of student placement.
3. Work-Based Learning students who fail to perform satisfactorily in all subject areas during any grading period and who fail to improve during the next grading period should be asked to resign from his/her placement.
4. A student suspended from school should not be allowed to attend their WBL placement during the suspension. On the second offense he/she may be dropped from the Work-Based Learning program with a loss of all credit.
5. A student must comply with the LEA attendance policy to participate in the program.
6. A student losing his/her WBL placement due to any action deemed unacceptable by the school and Work-Based Learning Teacher-Coordinator will be dropped from the program with possible loss of all credit.
7. A student whose WBL placement is terminated for any reason is to report to the Work-Based Learning Teacher-Coordinator. Failure to do so may results in the student being dropped from the WBL program.
8. A student not attending regular school classes, related study, and/or the Cooperative Education Seminar classes cannot work at the WBL placement on the day(s) he/she is absent.
9. **In case of absence, the student is required to call the Work-Based** **Learning Teacher-Coordinator and his/her training mentor before class or working period.**
10. Personal business handled at the WBL placement is prohibited.
11. Friends or family are not to visit the student at the WBL placement.
12. A student is to be on time at school as well as the WBL placement.
13. Parents should understand the student’s responsibility to the training WBL placement and not interfere with the performance of his/her duties.
14. Business rules for dress and personal hygiene will be observed.
15. Since training is the primary objective, a student is expected to remain with the WBL placement to which he/she is assigned. Students may resign or change placements only with the express written permission of the Work-Based Learning Teacher-Coordinator and following business practices for resignation. Students who fail to follow these procedures are subject to being dropped from Work-Based Learning.
16. The student organization is an integral part of a student’s Career and Technical Education program. Therefore, all students are expected to participate in and actively support the Career and Technical Education Student Organization (CTSO) that relates to their career objective.
17. When Work-Based Learning students honor their training mentors with a banquet, reception, etc., all students are expected to attend with their training mentors as their guests.
18. Students are placed to train and are under the supervisions of the Work-Based Learning Teacher-Coordinator, related study instructor, and training mentor where they are placed.
19. Students must abide by all school rules and regulations for other students and consider themselves under the jurisdiction of the school while at the WBL placement.
20. Transportation to and from the WBL placement is the responsibility of the student/parent/guardian. Transportation problems do not justify absence from the WBL placement.
21. Students will leave the campus immediately following the last scheduled class. If for any reason a student needs to remain on campus, permission must be obtained from the Work-Based Learning Teacher-Coordinator, School Administrator, or CTE Instructor.

\*I have read the foregoing rules for Work-Based Learning students and agree to follow them.

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

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

**TRAINING AGREEMENT**

**FOR**

**WORK-BASED LEARNING**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_ Age

Student’s Address

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail

Current Career Objective/Pathway \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ System

Work-Based Learning Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone

WBL Site Address

WBL Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor

Date Training Period Begins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ends

This training agreement briefly outlines the responsibilities of the student, parents, employer, and the Cooperative Education Teacher-Coordinator. The second part of this document is entitled “Training Plan” and consists of tasks and competencies for the specific student’s career objective/pathway.

**Parent/Guardian**

1. Approves and agrees that the student may participate in Work-Based Learning.
2. Encourages the student to effectively carry out the work experience requirements in all components of the program.
3. Assumes responsibility for the conduct of the student.
4. Provides transportation for the student to and from the Work-Based Learning site.
5. Holds school and Cooperative Education Teacher-Coordinator harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

**Student**

1. Complies with the rules and regulations of the Work-Based Learning site.
2. Observes the same regulations that apply to other employees.
3. Adheres to all policies and regulations as set forth by school administration and the Cooperative Education Teacher-Coordinator.
4. The student is an active member of the student organization related to their career objective.
5. Works an average of not less than 15 hours each week.
6. Will not pursue additional part-time employment while enrolled in Work-Based Learning.
7. Will not displace adult workers who can perform such work as assigned in the work-based experience.
8. Attends an annual employer appreciation if required by the Cooperative Education Teacher-Coordinator or instructor of the career pathway course.

**Work-Based Learning Teacher-Coordinator**

1. Assists in securing an appropriate work-based experience based on the student’s career objective/pathway.
2. Works with the supervisor/mentor in developing a training plan for the student.
3. **Visits the Work-Based Learning site at least once per month to confer with the employer and student; verify that student’s duties correlate with job description; observe working conditions; help develop progressive skill-building activities; observe and evaluate student progress; and resolve questions, issues, or concerns.**
4. Counsels the student about his/her job progress, behavior, attitude, academics, etc.
5. Terminates employment/participation when it serves the best interest of the student as determined in collaboration with the employer.
6. Determines the student’s final grade for the Work-Based Learning experience.

7. Reinforces work-based learning experiences with related classroom instruction.

**Employer/Training Mentor**

1. Recognizes that the student is enrolled in a Work-Based Learning experience designed to prepare for a career in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Provides supervision and instruction in each of the applicable tasks listed on the Training Plan to assist the student in acquiring those competencies necessary for success in the career objective.
3. Evaluates and documents student progress.
4. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, or age.
5. Adheres to wage and hour, child labor, and all other federal, state, and local laws pertaining to student employment.
6. Employs the student for an average of not less than 15 hours per week.
7. Completes the Work-Based Experience Evaluation and returns it to the Cooperative Education Teacher-Coordinator by the required date.

**The Dale County Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person(s) has been designated to handle inquiries regarding the non-discrimination policies:**

|  |
| --- |
| **Beverly Lampkin, Special Education Coordinator**  **202 S. Hwy 123, Suite E**  **Ozark, AL 36360**  **334-774-2355**  **blampkin@dalecountyboe.org** |

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Parent/Guardian) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Employer/Training Mentor) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Student) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Work-Based Learning Teacher-Coordinator) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (School Administrator) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) |

**Work-Based Learning Training Plan**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Career Objective/Pathway: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title:

Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor/Mentor:

**Directions:** List each task (processes, knowledge, and skills) that will be performed by the student under the supervision/guidance of a work-place mentor. The student should rotate through different job experiences, ensuring that they are diverse, rigorous, and progressive. Throughout the training period, check the appropriate number in the rating column below to indicate the degree of competency for each task. The descriptions associated with each of the numbers focus on the level of student performance for each of the tasks listed below. This document will be used for discussion during monthly on-site visits and to prepare the work-based experience evaluation.

**Employer’s Rating Scale**

4 - Skilled--can work independently with no supervision.

3 - Moderately Skilled--can perform job completely with limited supervision.

2 - Limited Skill--requires instruction and close supervision.

1 - No Exposure--no experience or knowledge in this area.

| **Tasks** | **Task Progress** | | **Rating** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Learning Status**  **On-Going** | **Date Objective Reached** | **1** | **2** | **3** | **4** |
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TEACHER RECOMMENDATION FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for enrollment in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dale County Board of Education Work-Based Learning program. Students in this program receive classroom instruction in workplace practices and procedures, and are placed in training stations where they develop skills and obtain valuable experience under supervision. The cooperation of business and industry will continue only if the students they employ have the proper attitude and interest to profit from on-the-job training toward a career objective/pathway. Using your knowledge of the student, please rate the student on the characteristics indicated.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Rate qualities by checking the proper right-hand column.** | **Poor** | **Below Average** | Average | **Above Average** | Superior |
| **Dependability:** Able to work with little supervision, prompt, sincere, consistent, truthful, follows instruction |  |  |  |  |  |
| **Cultural Refinement:** Courteous, considerate, good manners, appreciative |  |  |  |  |  |
| **Leadership:**  Aggressive, resourceful, able to inspire others |  |  |  |  |  |
| **Industriousness:** Persistent, good work habits, makes wise use of time |  |  |  |  |  |
| **Thoroughness:** Accurate, completes work carefully |  |  |  |  |  |
| **Appearance and Grooming:** Clean, neat appearance, orderly, poised |  |  |  |  |  |
| **Ability to Get Along With People:** Adaptable, friendly, tactful, cooperative, respectable |  |  |  |  |  |
| **Social Habits:** Good attitude, self-control, honesty, not inclined to argue or complain |  |  |  |  |  |
| **Attendance:** Present and on time, begins work at once without delay |  |  |  |  |  |
| **Mental Alertness:** Attentive, interested, observing, eager to learn |  |  |  |  |  |
| **Academic Performance:** Completes assignments, follows instructions,meets deadlines, masters content |  |  |  |  |  |

## Employability

If you were an employer or job supervisor, would you want this student working for you?

( ) Yes ( ) No

Would you be willing for this student to represent the school on the job? ( ) Yes ( ) No

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Evaluating Teacher)*

Proof of Insurance and Emergency Contact Form

Insurance Information

Please note the student’s health insurance coverage below:

Name of Insurance Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Card ID/Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please attach photocopy proof of insurance.

Emergency Contact Information

Please provide the name, address, and telephone number of two persons who may be contacted in the event of an emergency:

Name and Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR ENROLLMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.* | | | | | | |
|  | | | | | | |
|  | | | | | Date | |
| Name | | | | | | |
| Last First Middle Maiden | | | | | | |
| Present Address | | | | | | |
| Number Street City State Zip | | | | | | |
| Telephone ( ) | | | Cell Phone ( ) | | | | |
| Age | Date of Birth [ - -] | | | | | |
| Do you have a driver’s license? ❑ Yes ❑ No Do you have access to a car/other mode of transportation? ❑ Yes ❑ No | | | | | | |
| Career and Technical Occupational Program Completed or Enrolled In: | | | | | | |
| Career Objective: 1st Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Parent/Guardian Name(s) | | | | Business or Cell Phone ( ) | | |
| Parent/Guardian Address | | | | | | |
| Number Street City State Zip | | | | | | |
| Are you interested in summer employment? ❑Yes ❑No ❑Full-time ❑Part-time | | | | | | |
| Indicate the type of business in which you prefer to work: *(Example:* *bank, dental, retail store, legal, manufacturing,*  *insurance, automotive, medical, etc.)* | | | | | | |
| First Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Do you intend to further your formal education after high school? ❑ Yes ❑ No | | | | | | |
| Are you under a doctor’s care? ❑ Yes ❑ No Do you have any health problems that would interfere with your regular | | | | | | |
| attendance on a job? ❑ Yes ❑ No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | |
| **Previous Work Experience** | | | | | | |
| *(List most recent position first.)* | | | | | | |
| Employer | | Type of Work | | | | Employment Dates |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |

## Current Class Schedule

|  |  |  |  |
| --- | --- | --- | --- |
|  | Class | Teacher | Grade Point Avg. |
| 1st Period |  |  |  |
| 2nd Period |  |  |  |
| 3rd Period |  |  |  |
| 4th Period |  |  |  |

|  |
| --- |
| ***List as references the names of three teachers who can attest to the quality of your work. One must be your current or previous occupational teacher.*** |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Career and Technical Education Teacher) |
| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| To the Student:  Work-Based Learning provides an opportunity to be considered for employment/training in business and industries in our area. When you enroll in Work-Based Learning, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. If you accept this responsibility, please sign in the space provided.  Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |
| To the Parent/Guardian:  Do you consent to your child entering Work-Based Learning, providing transportation, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| ***To Be Completed by the Cooperative Education Teacher-Coordinator.*** |
|  |
| Current Attendance Record: No. Absences \_\_\_\_\_\_\_\_ No. Tardies \_\_\_\_\_\_\_\_\_\_\_\_  Current Disciplinary Record: Total Reports \_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_    **List Career and Technical Occupational Courses that determine student’s eligibility for participation:**    1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Verified By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Counselor/School Administrator/Cooperative Education Teacher-Coordinator    Status of Application: ❑ Pending ❑ Approved ❑ Not Approved |
|  |

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|  |  |
| --- | --- |
| **Beverly Lampkin, Special Education Coordinator**  **202 S. Hwy 123, Suite E**  **Ozark, AL 36360**  **334-774-2355**  **blampkin@dalecountyboe.org** |  |

**WORK-BASED LEARNING**

**JOB INTERVIEW PRACTICES**

The objective during the interview is to convince the interviewer that you are the person to hire. This can be accomplished by demonstrating maturity, self-assurance, poise, interest, and knowledge of what is expected in a business situation.

**Do**

1. Be prepared.
2. Arrive on time; telephone if you are unavoidably delayed.
3. Stress your qualifications and interest for the job.
4. Be businesslike and brief.
5. Provide requested information; have up-to-date credentials.
6. Let the interviewer take the lead in the conversation.
7. Talk in terms of training, rather than saying, “I’ll take anything.”
8. Make certain you understand what is required in the employment setting.
9. Be realistic in discussing wages.
10. Dress appropriately.
11. Act natural.
12. Listen very carefully to the interviewer.
13. Ask appropriate questions.
14. Make yourself understood.
15. Describe your potential service to the employer.
16. Know reasons for entering your profession.
17. Get telephone numbers, names, and addresses for follow-up purposes.
18. Thank the interviewer as you leave.
19. Become knowledgeable of the company.
20. Exhibit good eye contact.
21. Write a follow-up letter.

**Don’t**

1. Play with articles of clothing during the interview.
2. Wear/use personal communication devices during the interview (cell phones, pagers, etc.)
3. Smoke or chew gum during the interview.
4. Interrupt the interviewer.
5. Criticize former employers.
6. Make salary the main theme of your conversation.
7. Mention your personal, domestic, or financial problems.
8. Freeze or become tense.
9. Be late or miss your interview.
10. Present exaggerated appearance.
11. Talk too much or too little.
12. Try to be clever or funny.
13. Make elaborate promises.
14. Become emotional.
15. Become impatient.
16. Over-emphasize rewards.
17. Prolong interview.
18. Suggest how the employer should run the business.
19. Take anyone to the interview with you.

**Work-Based Learning**

**Permission Form**

Permission is hereby granted for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to travel

(Student Name)

to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for his Work-Based Learning

(WBL Site, Name of Business, etc.)

employment. In granting permission, I accept all moral, legal, and medical responsibilities associated with his WORK-BASED LEARNING placement. Furthermore, I relieve the Dale County School System, WORK-BASED LEARNING Coordinator, and the above listed WORK-BASED LEARNING site from any responsibility not associated with proper adult supervision.

**Transportation Permission**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for the

(Name of Parent of Guardian)

above listed student to ride in his or her personal vehicle to and from work, while participating in Dale County Schools WORK-BASED LEARNING Program.

**Statement of Confidentiality**

In signing my name below, I agree to guard and protect any/all “Trade Secrets” and not to use, permit others to use, or divulge those which I may obtain or observe as a result of my WORK-BASED LEARNING experience, without having first secured written permission from the WORK-BASED LEARNING Coordinator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Parent/Guardian Signature Student Signature Date