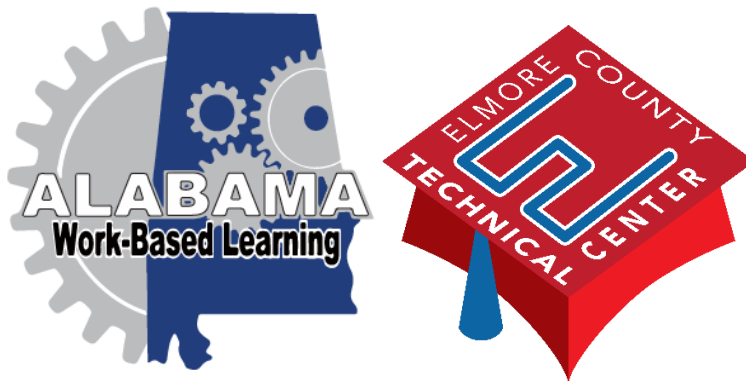


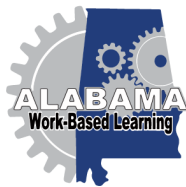
# *Elmore County Public Schools* **Cooperative Education/Work-Based Learning Application Packet**

Available for 11<sup>th</sup> and 12<sup>th</sup> Grade Students at Elmore County High School,  
Holtville High School, Stanhope Elmore High School, Wetumpka High School,  
and The EDGE Virtual School



*All Pages in the packet must be filled out and returned to the Cooperative Education/Work-Based Learning Coordinator or Counselor at the Elmore County Technical Center in order to be considered for participation in the program.*

800 Kelly Fitzpatrick Drive, Wetumpka, AL 36092  
334-567-1218

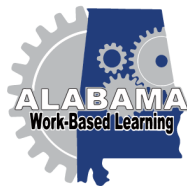


**Elmore County Public Schools**  
**Cooperative Education/Work-Based Learning**  
**APPLICATION FOR ENROLLMENT**

Date _____				
Name				
Last	First	Middle	Maiden	
Present Address				
Number	Street	City	State	Zip
Telephone ( ) _____		Cell Phone ( ) _____		e-mail: _____
Age _____	Date of Birth [     -     -     ]			
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Career Objective: 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____ 3 <sup>rd</sup> Choice _____				
Parent/Guardian Name(s)			Parent Cell Phone (     )	
			e-mail: _____	
Parent/Guardian Address				
Number	Street	City	State	Zip
Indicate the type of business in which you prefer to work: <i>(Example: bank, dental, retail store, legal, manufacturing, Insurance, automotive, medical, etc.)</i>				
First Choice _____		Second Choice _____		
Do you intend to further your formal education after high school?   Technical training <input type="checkbox"/> 2 yr. <input type="checkbox"/> 4yr <input type="checkbox"/> military <input type="checkbox"/> work full-time <input type="checkbox"/>				
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have any health problems that would interfere with your regular attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain _____				

**Current or Previous Work Experience**  
*(List most recent position first.)*

Employer	Type of Work	Employment Dates



To the Student:

Elmore County Cooperative Education provides an opportunity **to be considered** for **employment** in business and industries in our area. You further understand that **NO employment is guaranteed. You must apply, interview, and compete for the placement based on your skill, your abilities, and your aptitude.** When you enroll in Cooperative Education, 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, arranging 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 WBL Teacher-Coordinator. Students Do Not Write Below this Line**

On Track for Graduation: \_\_\_yes \_\_\_No    Successful completion of **Career Preparedness**: \_\_\_Yes \_\_\_No  
Current Attendance Record:    No. Absences \_\_\_\_\_    No. Tardies \_\_\_\_\_  
Current Disciplinary Record:    Total Reports \_\_\_\_\_    Cumulative GPA: \_\_\_\_\_

**List Career and Technical Courses that determine student's potential placement:**

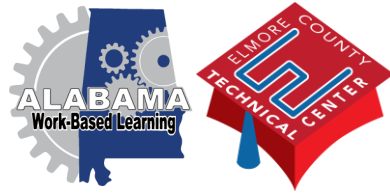
- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Verified By \_\_\_\_\_  
Counselor/School Administrator/WBL Teacher-Coordinator

Status of Application:     Pending     Approved     Not Approved

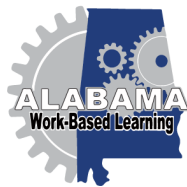
Elmore County Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding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

Jamey McGowin (504 Coordinator/Title IX Coordinator)  
100 HH Robinson Dr.  
Wetumpka, AL 36092  
334-567-1200  
[jamey.mcgowin@elmoreco.com](mailto:jamey.mcgowin@elmoreco.com)



*Elmore County Public Schools*  
**Cooperative Education/Work-Based Learning**  
**DISTRICT REGULATIONS/POLICIES**

1. Student acknowledges that the primary purpose of Work-Based Learning is educational and, therefore, agrees to abide by the **Cooperative Education/Work-Based Learning (WBL)** program policies and decisions of the WBL Teacher-Cordinator, including those regarding specific job placements.
2. Student acknowledges that the school, through the WBL Teacher-Cordinator, is acting as an intermediary between the training mentor and student and that the WBL Teacher-Cordinator 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 WBL Teacher-Cordinator 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 WBL Teacher-Cordinator. Failure to do so may result in the student being dropped from the WBL program.
8. A student not attending regular school classes, and/or *the WBL Seminar class (per LEA decision)* 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 WBL Teacher-Cordinator 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 WBL Teacher-Cordinator and following business practices for resignation. Students who fail to follow these procedures are subject to being dropped from Work-Based Learning.

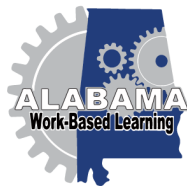


16. The student organization is an integral part of a student's Career and Technical Education program. Therefore, all students are expected to participate in and actively support the Career and Technical Education student organization that relates to their career objective.
17. When Work-Based Learning 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 WBL Teacher-Coordinator 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 to be arranged by 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 WBL Teacher-Coordinator, School Administrator, or CTE Instructor.
22. Other local additions

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

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

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



***Elmore County Public Schools***  
**TRAINING AGREEMENT**  
**FOR**  
**COOPERATIVE EDUCATION/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 \_\_\_\_\_

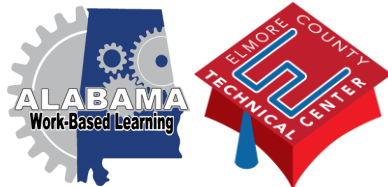
This training agreement briefly outlines the responsibilities of the student, parents, employer, and the WBL Teacher-Coordinator. The second part of this document is entitled "Training Plan" and consists of tasks and competencies for the specific student's career objective/pathway.

**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. Arranges transportation for the student to and from the Work-Based Learning site.
5. Holds school and WBL 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 WBL Teacher-Coordinator.
4. Works an average of 15 hours each week.
5. Will not pursue additional part-time employment while enrolled in Work-Based Learning.
6. Will not displace adult workers who can perform such work as assigned in the work-based experience.
7. Attends an annual employer appreciation if required by the WBL Teacher-Coordinator.



**WBL 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. Communication/Contacts/Visits the Work-Based Learning site at least once per month to contact 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/or resolve questions, issues, concerns, etc.
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 with input from the OJT mentor/supervisor for the Work-Based Learning experience.
7. Reinforces work-based learning experiences with related classroom instruction.

**Employer/Training Mentor**

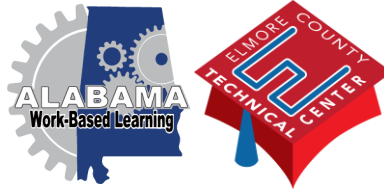
Recognizes that the student is enrolled in a Work-Based Learning experience designed to prepare for a career in \_\_\_\_\_.

1. 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.
2. Evaluates and documents student progress.
3. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, or age.
4. Adheres to wage and hour, child labor, and all other federal, state, and local laws pertaining to student employment and safety.
5. Employs/interns the student for an average of 15 hours per week. (140 hours per Credit)
6. Completes the Work-Based Experience Evaluation and returns it to the WBL Teacher-Coordinator by the required date.

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 100 HH Robinson Dr.  
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[jamey.mcgowin@elmoreco.com](mailto:jamey.mcgowin@elmoreco.com)

(Parent/Guardian)	(Employer/Training Mentor)	(Student)
(Co-Op Teacher/Coordinator)	(School Administrator)	(Date)



*Elmore County Public Schools*  
**Cooperative Education/Work-Based Learning**  
**TEACHER RECOMMENDATION FORM (3 Required)**

\_\_\_\_\_ has applied for enrollment in the \_\_\_\_\_  
 (Activity Name) Work-Based Learning program. Students in this program may 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
<b>Dependability:</b> Able to work with little supervision, prompt, sincere, consistent, truthful, follows instruction.					
<b>Cultural Refinement:</b> Courteous, considerate, good manners, appreciative, etc.					
<b>Leadership:</b> Resourceful, able to inspire others, etc.					
<b>Industriousness:</b> Persistent, good work habits, makes wise use of time, etc.					
<b>Thoroughness:</b> Accurate, completes work carefully, etc.					
<b>Appearance and Grooming:</b> Clean, neat appearance, orderly, etc.					
<b>Ability to Get Along With People:</b> Adaptable, friendly, tactfully, cooperative, respectable, etc.					
<b>Social Habits:</b> Good attitude, self-control, honesty, not inclined to argue or complain, etc.					
<b>Attendance:</b> Present and on time, begins work at once without delay, etc.					
<b>Mental Alertness:</b> Attentive, interested, observing, eager to learn, etc.					
<b>Academic Performance:</b> Completes assignments, follows instructions, meets deadlines, masters content, etc.					

Other Comments: (use the back of this page for additional comments if need)

Employability

If you were an employer or job supervisor, would you want this student working for you? ( ) Yes ( ) No

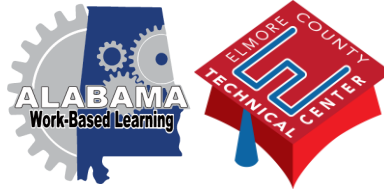
Would you recommend for this student to represent the school on the job? ( ) Yes ( ) No

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Evaluating Teacher)*





*Elmore County Public Schools*  
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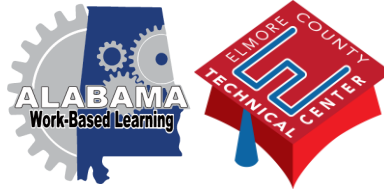
If you were an employer or job supervisor, would you want this student working for you? ( ) Yes ( ) No

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Evaluating Teacher)*



*Elmore County Public Schools*  
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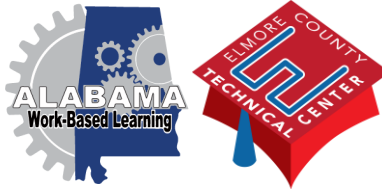
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Would you recommend for this student to represent the school on the job? ( ) Yes ( ) No

Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Evaluating Teacher)*



***Elmore County Public Schools***  
**Cooperative Education/Work-Based Learning**  
**Education Student Release Form**

(Complete and return to Co-op Coordinator along with application)

I \_\_\_\_\_ and \_\_\_\_\_ have  
(Student's Name) (Parent's Name)  
received and read a copy of the Cooperative Education/Work-Based Learning Policies and Procedures for the Elmore County Board of Education Program. I understand my child is enrolled and will participate (upon acceptance) in the co-op program for the school year \_\_\_\_\_.

I will support my child by ensuring his/her attendance at school and work in order for him/her to be successful in completing the graduation requirements for the Elmore County Board of Education.

I understand that confidential information related to job performance may be released to individuals and agencies concerned with the employment of this student.

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

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

**Insurance Documentation**

This is to certify that \_\_\_\_\_ is currently insured with  
(Student's Name)  
either school accident insurance or is covered by other accident and/or hospitalization insurance.

Please indicate which type of insurance: Private: \_\_\_\_\_ School: \_\_\_\_\_ Other: \_\_\_\_\_

Name of Company: \_\_\_\_\_

It is required that students who are enrolled in cooperative education must be covered by accident and/or hospitalization insurance before they will be allowed to participate in the work of the course.

*To my knowledge, the information above is an accurate and true statement concerning the status of my child's insurance.*

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