

Work Based Learning Application

Instructions: Fill out the application in your own handwriting. Use black ink.

Name _____
(First) (Middle) (Last)

Present Year in school _____ GPA _____

Name of High School _____

Birthdate _____ Home Phone _____

Additional Number where you can be reached _____

Home Address _____
(House # and Street Name) (City) (Zip)

Email Address _____

Mother/Guardian _____ Home Phone _____

Employed at _____ Work Phone _____

Father/Guardian _____ Home Phone _____

Employed at _____ Work Phone _____

What are your plans after high school?

_____ Workforce _____ Four-Year College/University

_____ Community College _____ Apprenticeship Program

_____ Technical Training _____ Entrepreneurship

_____ Military _____ Other _____

1st Choice Interest Area _____ Possible Site _____

2nd Choice Interest Area _____ Possible Site _____

What do you hope to gain from this program? _____

We have read, understand, and agree to all policies as stated in "Work Based Learning General Information and Rules/Criteria for Participation"

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Mary Jo Wood, Director

Regional Office of Career and Technical Education • 2450 Foundation Drive, Suite 100 • Springfield, IL 62703

Parent/Guardian Permission and Advisory Form

Dear Parent(s)/ Guardian(s),

It is necessary that we advise you that your son or daughter will be observing various pieces of equipment during work-based learning. Each student will be given training on the safe use and care of each piece of equipment they may be observing. We do require that each parent be notified in advance of the student's observation of such equipment and ask that you sign the form below acknowledging such notification. Signing of this form in no way eliminates any rights that you or the student has in the event of an accident.

It is the student's responsibility to follow all safety rules and obey the mentor at all times. Because of the highly technical nature of some of this equipment, we must insist that all students come to class/work every day prepared in a proper manner. A student who intentionally abuses any of the equipment in the program will be held accountable for damages as a result of his/her negligence. A student abusive to the instructor, the mentor, the equipment, or his/her fellow students/coworkers will be removed from the work-based learning experience.

I hereby give _____ permission to observe/use the equipment as part of his/her studies in the work-based learning program.

I understand the conditions as outlined above and will help to ensure that my son or daughter cooperates fully so that he/she can have a safe and productive learning environment.

Parent/Guardian (Signature)

Date

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Work Based Learning Program
Transportation Waiver

Students participating in the Work Based Learning Program will travel to and from a training site to receive training through observation and selected hands-on training activities **using their own transportation if no transportation arrangements are made through the school.** It is not the school's responsibility to ensure transportation of the students to and from the work site.

The number of the job shadowing experiences per student will be dependent upon that student's interest area and the number of days allowed by the district, but limited to a maximum of 3 days per school year. **Again, it is the student's responsibility to arrange transportation to and from the training site.**

ALL PARTICIPANTS MUST HAVE AUTOMOBILE AND HEALTH INSURANCE TO PARTICIPATE.

Permission to participate according to the conditions outlined above given by:

Student Signature

Parent/Guardian Signature

Principal Signature

Work Based Learning Coordinator Signature

Regional Office of Career and Technical Education (ROCTE)

Work Based Learning Program

Photo/Video Release Form

We hereby give permission for images of _____, captured during
(name of participant)

their participation in any ROCTE Work Based Learning Activity through video, photo and digital camera to be used solely for the purpose of ROCTE's Work Based Learning promotional materials and publications. I waive any rights of compensation or ownership thereto.

Signature or Participant: _____

Name of Parent (please print): _____

Signature of Parent/Guardian: _____

Date: _____

Mary Jo Wood, Director

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Work Based Learning Program

Faculty Recommendation Sheet

To: _____
(teacher)

Date: _____

_____ has expressed an interest in _____
(student) (career area)

as part of the Work Based Learning Program coordinated by the Regional Office of Career and Technical Education. This student has listed your name as a person who is familiar with his/her personality and possible future success. Please take a few minutes to rate this student on the following characteristics:

Rating Scale: **1-- Excellent** **2-- Good** **3--Average**
 4-- Fair **5-- Poor**

Rate	Characteristic	Comments (if applicable)
	Appearance	
	Attitude	
	Cooperation	
	Dependability	
	Initiative	
	Promptness and Attendance	
	Reliability	

Additional Comments: Please provide a brief written statement about this student.

Signed _____ Title/Subject Taught _____

Work Based Learning Program

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Signed _____ Title/Subject Taught _____

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Regional Office of Career and Technical Education

Work Based Learning Program

General Information and Rules/Criteria for Participation

Program Description

This competency based two year program exposes students to a variety of career pathways. Our goal is to partner with reputable businesses and industries to provide students with specialized hands-on training at various work sites while integrating high school curriculum. Students must be concurrently or previously enrolled in courses that relate to their chosen career path.

First Year: Job Shadowing

Students enrolled in this program can expect the following from their first year:

- Up to 3 days will be spent at work site(s) observing various areas. You will need to arrange to be gone from school and complete all coursework that is missed.
- You will be expected to fully participate as an employee for the scheduled time. All employee rules will apply to you while you are shadowing.
- You are expected to dress appropriately for the job in which you will be shadowing.
- You will be required to complete and submit a student observation form and career interview for each day.
- At the conclusion of each day, you will be expected to send a thank you note to the people that were important to the success of your day.

Second Year: Internship (*if applicable in your school*)

- After completing the Job Shadowing portion of the program your Junior year, you will then be eligible to participate in the Internship if you should choose to pursue this opportunity.
- Internships require a minimum of 10 hours per week be spent at the job site performing various tasks relating to your chosen career area, as an employee. You will be treated as an employee, with all employee rules applying to you and your position.
- Unfortunately, this is not a paid internship. HOWEVER, you will be receiving high school credit for your experience (if allowed by your school).
- Please understand that while this is *not* a paid internship, you will be expected to dress appropriately and conduct yourself as an employee of the business.

Program Benefits

Students who participate in this program not only acquire skills leading to successful careers and receive high school credit for their training, but also have the opportunities for post-secondary training and employment. Students finish the program with a better understanding of their chosen career pathway, contacts for future employment, and a greater appreciation for learning at school and work.

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Entrance Requirements:

Before a student can begin a work-based learning experience, it is absolutely essential that certain rules and regulations be strictly observed. The business partner is taking his/her time to train and guide the student through work experience in a specific career path. The student is preparing for the world of work and establishing a reputation and record that will follow him/her after graduation. Therefore it should be understood from the start that any student who does not take his/her work and responsibilities seriously or fails to abide by any of these rules and regulations or those of the business partner will be immediately terminated from the work-based learning experience and returned to the school classroom.

1. To be eligible for and remain in the work-based learning experience, the following guidelines must be met:
 - a. Be at least 16 years of age before the first day of the program
 - b. Must maintain a C average with no class failures or incompletes. Your transcripts will be reviewed.
 - c. Have satisfactory school attendance
 - d. Have no major discipline problems on file
 - e. Be able to provide your own transportation, if no transportation is arranged through the school.
 - f. Apply to the program by filling out the application form with all necessary signatures, meet the above criteria, and submit 2 teacher recommendation forms.
 - i. Packet will include an Application Form, Transportation Waiver, and Parent/Guardian Advisory and Permission Form, and Photo Release.
 - ii. A separate Medical Packet and immunization records are required to be returned for those students interested in (human) medical careers
 - g. The student must have an email address and provide that on the application. All communication from this point forward will take place by email including placement notification and instructions.
2. If a student cannot report to the training site for any reason, they must call their coordinator. This is in addition to calling or reporting in to your school.

For more information please go to www.rocte.com and click on the Work Based Learning Tab. At the bottom of the page is the application packet that will need to be printed, completed with all signatures, and returned to the Regional Office of Career and Technical Education at

ROCTE
2450 Foundation Dr. Suite 100
Springfield, IL 62703
Attn: Taylor Cook

Other contact information is as follows:

Taylor Cook, WBL Coordinator
Email: tcook@rocte.com
Phone: 217-529-3716
Fax: 217-529-8361

Please feel free to contact me with any questions!