

Hart District Regional Occupational Program
21515 Centre Pointe Parkway
Santa Clarita, CA 91350
(661) 259-0033

**COOPERATIVE VOCATIONAL EDUCATION
TRAINING AGREEMENT**

SCHOOL RESPONSIBILITIES

AS A TEACHER-COORDINATOR IN THE COOPERATIVE VOCATIONAL EDUCATION PROGRAM, I AGREE TO:

1. INFORM THE STUDENT AND THE PARENT/GUARDIAN OF PROGRAM RULES AND REGULATIONS.
2. VISIT THE STUDENT'S TRAINING STATION AND CONSULT WITH THE EMPLOYER REGARDING THE ON-THE-JOB TRAINING PERFORMANCE OF THE STUDENT.
3. CORRELATE THE JOB-RELATED CLASSROOM INSTRUCTION WITH THE LEARNING EXPERIENCES AT THE TRAINING STATION.
4. ASSIST IN THE RESOLUTION OF THE STUDENT'S SCHOOL OR JOB-RELATED PROBLEMS THAT ARE AFFECTING THE ON-THE-JOB TRAINING PERFORMANCE AND THE STUDENT.
5. PROVIDE THE EMPLOYER WITH EVALUATION FORMS AND DISCUSS THE ON-THE-JOB TRAINING PERFORMANCE OF THE STUDENT WITH THE EMPLOYER AND THE STUDENT.
6. PROVIDE THE EMPLOYER WITH THE OBJECTIVES OF COOPERATIVE VOCATIONAL EDUCATION.
7. OTHER.

TEACHER-COORDINATOR'S SIGNATURE _____

PROGRAM NAME _____

STUDENT NAME (Print) _____

STUDENT RESPONSIBILITIES

AS A STUDENT IN THE COOPERATIVE VOCATIONAL EDUCATION PROGRAM, I AGREE TO:

1. FOLLOW THE PROGRAM RULES AND REGULATIONS ESTABLISHED BY THE SCHOOL AND THE EMPLOYER.
2. OBTAIN A SOCIAL SECURITY CARD AND A WORK PERMIT.
3. SUBMIT VERIFICATION OF THE NUMBER OF HOURS OF ON-THE-JOB TRAINING RECEIVED AS REQUIRED BY THE TEACHER-COORDINATOR.
4. MAINTAIN REGULAR ATTENDANCE AND PUNCTUALITY IN SCHOOL AND ON-THE-JOB TRAINING. I WILL NOT WORK ON DAYS THAT I AM ABSENT FROM SCHOOL.
5. REGULARLY ATTEND THE JOB-RELATED CLASSROOM INSTRUCTION.
6. NOTIFY MY TEACHER-COORDINATOR WITHIN ONE DAY IF I AM RELEASED FROM MY EMPLOYMENT.
7. NOTIFY MY EMPLOYER BEFORE I AM DUE AT WORK IF AN ILLNESS OR AN EMERGENCY PREVENTS ME FROM WORKING.
8. CONSULT WITH THE TEACHER-COORDINATOR IF I SHOULD FIND IT NECESSARY TO TERMINATE MY ON-THE-JOB TRAINING BEFORE I MAKE A COMMITMENT TO DO SO.
9. REMAIN IN THE PROGRAM FOR THE ENTIRE SCHOOL YEAR UNLESS OBTAINING A WRITTEN AGREEMENT FROM THE TEACHER-COORDINATOR PRIOR TO ENROLLMENT IN THE PROGRAM/ACCEPTING EMPLOYMENT, WHICHEVER OCCURS FIRST.

STUDENT'S SIGNATURE _____

STUDENT'S BIRTH DATE _____ AGE _____ PHONE _____

STUDENT'S ADDRESS _____

HOME SCHOOL _____

ORIGINAL TO TEACHER-COORDINATOR
SECOND COPY TO EMPLOYER
THIRD COPY TO STUDENT AND PARENT/GUARDIAN
FOURTH COPY TO SCHOOL

EMPLOYER RESPONSIBILITIES

AS A TRAINING STATION SPONSOR IN THE COOPERATIVE VOCATIONAL EDUCATION PROGRAM, I AGREE TO:

1. INFORM THE STUDENT OF RULES, REGULATIONS, AND DUTIES EXPECTED OF THE STUDENT TRAINEE.
2. SUPERVISE THE STUDENT TRAINEE, ASSIST IN IMPROVING THE ON-THE-JOB TRAINING PERFORMANCE OF THE STUDENT, AND ASSIGN THE STUDENT TO MORE RESPONSIBLE DUTIES OR POSITIONS IF OPENINGS OCCUR FOR WHICH THE STUDENT IS QUALIFIED.
3. PLAN AN APPROPRIATE VARIETY OF ON-THE-JOB TRAINING TASKS/RESPONSIBILITIES.
4. ABIDE BY STATE AND FEDERAL LAWS/REGULATIONS PERTAINING TO EMPLOYMENT.
5. PROVIDE WORKER'S COMPENSATION COVERAGE FOR THE STUDENT.
6. VERIFY THE HOURS THE STUDENT WORKS BY SIGNING THE STUDENT'S TIMECARD.
7. CONFER WITH THE TEACHER-COORDINATOR REGARDING THE STUDENT'S TRAINING PROGRESS OR NEED FOR ADDITIONAL HELP.
8. DISCUSS THE ON-THE-JOB TRAINING PERFORMANCE OF THE STUDENT WITH THE TEACHER-COORDINATOR AND COMPLETE THE WRITTEN EVALUATION FORMS THAT WILL BE PROVIDED.
9. INFORM THE TEACHER-COORDINATOR WHEN PLANNING TO TERMINATE A STUDENT'S EMPLOYMENT.
10. ASSIGN THE STUDENT TO THE FOLLOWING INITIAL EMPLOYMENT:
TYPE OF WORK _____
STARTING DATE _____ WORK HOURS _____
WAGES PER HOUR\$ _____ WORK DAYS _____
EMPLOYER'S SIGNATURE _____
FIRM NAME _____ PHONE _____
FIRM ADDRESS _____
11. AS THE EMPLOYER, I REALIZE I AM SUBJECT TO THE:
FEDERAL FAIR LABOR STANDARDS ACT
CALIFORNIA MINIMUM WAGE PROVISIONS

PARENT/GUARDIAN RESPONSIBILITIES

AS A PARENT/GUARDIAN OF A STUDENT IN THE COOPERATIVE VOCATIONAL EDUCATION PROGRAM, I AGREE TO:

1. ENCOURAGE THE STUDENT TO EFFECTIVELY CARRY OUT THE DUTIES AND RESPONSIBILITIES OF THE PROGRAM AT SCHOOL AND AT THE TRAINING STATION.
2. ARRANGE TRANSPORTATION FOR THE STUDENT AND ACCEPT LIABILITY IF INCURRED. THE SCHOOL WILL NOT AUTHORIZE OR BE HELD RESPONSIBLE FOR THE MODE OF TRANSPORTATION THAT IS USED.
3. PROVIDE THE STUDENT WITH AMPLE INSURANCE COVERAGE WHILE TRAVELING TO AND FROM SCHOOL, ALSO TO AND FROM THE TRAINING STATION.

PARENT'S/GUARDIAN'S SIGNATURE _____

ADDRESS _____

EMERGENCY PHONE _____ HOME PHONE _____