

**HART DISTRICT ROP  
ON-THE-JOB STUDENT TRAINING AGREEMENT  
Community Classroom (CC)**

<p><b>For Student to Complete:</b></p> <p>Student Name: _____</p> <p>ROP Class: _____</p>	<p><b>Training Site Location:</b></p> <p>Company Name: _____</p> <p>Training Site Supervisor: _____</p> <p>Address _____</p> <p>City: _____ Zip Code: _____</p> <p>Phone: _____</p>
<p><b>ROP Teacher/Coordinator Will:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> inform students and parent/guardians of program rules and regulations.</li> <li><input type="checkbox"/> select and assign training sites.</li> <li><input type="checkbox"/> correlate job-related classroom instruction with the learning experience at the training station.</li> <li><input type="checkbox"/> provide the site supervisor with the objectives of the program.</li> <li><input type="checkbox"/> conduct site visits and observe student once every three weeks.</li> <li><input type="checkbox"/> consult with site supervisor regarding on-the-job training performance of the student and provide the site supervisor with evaluation forms.</li> <li><input type="checkbox"/> maintain all program/student records per Ed Code.</li> </ul>	<p><b>Training Site, Will:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> inform the student of program rules, regulations and duties expected of the student trainee.</li> <li><input type="checkbox"/> supervise the student trainee, assist in improving the on-the-job training performance of the student and assign the student to more responsible duties as qualified.</li> <li><input type="checkbox"/> provide adequate equipment, materials, facilities, and accommodations and plan an appropriate variety learning activities.</li> <li><input type="checkbox"/> verify the hours the student works by signing the Student Time Card for On-the-Job Training form.</li> <li><input type="checkbox"/> confer with the Teacher-Coordinator regarding the student's training progress or need for additional help.</li> <li><input type="checkbox"/> discuss the on-the-job training performance of the student with the Teacher-Coordinator and complete the written evaluation form provided.</li> <li><input type="checkbox"/> ensure training conditions do not endanger the health, safety, welfare, or morals of the student.</li> <li><input type="checkbox"/> not discriminate on the basis of race, color, national origin, sex, or disability, creed or religion.</li> </ul>
<p><b>As a student enrolled in the ROP OJT program, I:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> will follow all the policies of this program.</li> <li><input type="checkbox"/> will attend weekly classes.</li> <li><input type="checkbox"/> will submit weekly records of hours worked.</li> <li><input type="checkbox"/> understand if I am absent from school for any reason, I am not allowed to go to on the day of that absence.</li> <li><input type="checkbox"/> notify my training site before I am due at the site if an illness or an emergency prevents me from participating.</li> </ul>	<p><b>For Parent/Guardian (to be completed after training site information has been filled in):</b></p> <p>Parent/Guardian Name: _____</p> <p><b>As a parent/guardian of a student enrolled in on-the-job training, I:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> give permission for the student to participate in on the job training at the site location listed above.</li> <li><input type="checkbox"/> assume responsibility for the safety and conduct of the student while traveling to and from school, job, and home.</li> <li><input type="checkbox"/> will assist my student in successful completion of this class.</li> </ul>
<p>Student Signature: _____ Date _____</p>	<p>Parent/Guardian Signature: _____ Date _____</p>
<p>Training Site Supervisor Signature: _____ Date _____</p>	<p>Teacher/Coordinator Signature: _____ Date _____</p>