

**The Sound School Regional Vocational Aquaculture Center
Supervised Occupational Employment Agreement / Structured Work-Based Learning Plan**

Name of Student: _____

Job Title: _____

School: _____

Teacher Advisor: _____

Worksite: _____

Supervisor/Mentor: _____

Start Date: _____

End Date: _____

Placement:

- Career and Technical Education paid, credit-bearing, structured Work-based Learning Experience (STC, CTE and/or Tech Prep)
- Other Paid Work-based Learning Experience (Describe: _____)
- Un-paid Work-based Learning Experience - requires DOL/SDE-approved Waiver (Describe: _____)

Job tasks should be aligned to established education/industry performance standards: (Check which standards are aligned)

- CTE Performance Standards/Competencies (<http://www.state.ct.us/sde/deps/index.htm> Click on Career and Technical Education - CTE)
- STC Industry Skill Standards (<http://www.state.ct.us/sde/deps/Career/STC/index.htm> Scroll to Career Cluster Frameworks/Click on Content Standards)
- Other National and/or Industry-recognized Skill Standards: _____

(Advisor to Complete with Student)

Job Task	Competency/Source	Evaluation* (Marking Period)			
		1	2	3	4
1. Complies with labor and safety regulations on the job.	STC/CBIA Legal Awareness – F52, G54, G55, G56, G57; or CTE “WorkSafe!” Curriculum				
2. Exposed to “All Aspects of the Industry”	Industry/Business Partner				
3.					
4.					
5.					
6.					

Work-Based Learning Plan
(Advisor to Complete with Student)

Job Task	Competency/Source	Evaluation* (Marking Period)			
		1	2	3	4
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

*Evaluation: Space provided for up to 4 review/marketing periods Ratings: 1 – Needs Improvement 2 – Met Standard 3 – Exceeds Standard
 Additional tasks may be added to supplemental sheets if necessary.

Partnership Agreement for Work-based Learning

Sound School Student:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Parent or Guardian: _____

Emergency Phone: _____

E-mail: _____

Employer:

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Work Site: _____

Supervisor/Mentor: _____

Phone: _____ Fax: _____

E-mail: _____

The Sound School:

Name of School: The Sound School Regional Vocational Aquaculture Center

Address: 60 South Water Street

City: New Haven

State: CT Zip: 06519

Work-based Advisor: _____

STC ___ CTE ___ Tech Prep ___ Subject-area _____

Phone: _____ FAX : _____

E-mail: _____

Type of Work-based Learning Experience:

Career and Technical Education paid, credit-bearing Work-based Learning Experience: (attach LED-75 if hazardous) _____

Other paid Work-based Learning Experience: _____

Un-paid Work-based Learning Experience: (attach waiver) _____

Start and end dates: _____ to _____

Worksite Job Title: _____

This partnership agreement outlines the basic responsibilities of the youth/student, parent/guardian, worksite and educational/community institution in the delivery of this young individual’s work-based learning experience. All responsible parties should read this document carefully and indicate their understanding and agreement by signing on the following page.

As of _____, _____ has earned _____ S.O.E. hours
Date Student Name

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All parties agree to:

1. Understand and comply with all federal and state regulations regarding employment, safety, worker's compensation, child labor laws, minimum wage, and other applicable regulations pertaining to employment of a student/youth;
2. Engage the youth/student in the development of an on-going, individual Education and Career Development Plan that reflects the interests, aptitudes and abilities of the youth/student;
3. Support the policies of the school or agency relative to attendance and behavior;
4. Support all rules and regulations of the cooperating business;
5. Participate in the periodic assessment of student/youth progress on the job and achievement of appropriate recognition (grades, credits and/or awards);
6. Ensure that related classroom/program requirements have been met and appropriate work records maintained;
7. Inform all parties in the case of illness, personal emergencies or possible layoff/dismissal from the worksite placement;
8. Prepare, maintain and make available all necessary records required for the Commissioners of Education and Labor and their agents; and
9. Inform all parties of work-based learning schedules.

The following safeguards, adapted from the School-to-Work Opportunities (STWO) Act and Carl D. Perkins legislation, will be implemented and maintained throughout all program activities:

- a. No student/youth shall displace any currently employed worker (including a partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits).
- b. No School-to-Career Initiative shall impair existing contracts for services or collective bargaining agreements, and no program funded under this notice shall be undertaken without the written concurrence of the labor organization and employer concerned.
- c. No student/youth shall be employed or fill a job—
 - When any other individual is on temporary layoff, with the clear possibility of recall, from the same or any substantially equivalent job with the participating employer; or
 - When the employer has terminated the employment of any regular employee or otherwise reduced its workforce with the intention of filling the vacancy so created with the student.
- d. Students/Youths shall be provided with adequate and safe equipment and safe and healthful workplaces in conformity with all health and safety requirements of Federal, State and local law.
- e. Nothing in the STWO Act shall be construed so as to modify or affect a Federal OR State laws or regulations of the State of Connecticut. All Parties assure that “no person be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, mental retardation, past/present history of mental disorder, learning disability or physical disability.”

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Student/Youth: _____
Signature Date

Parent/Guardian: _____
Signature Date

Employer: _____
Signature Date

School/Agency Work-based Coordinator: _____
Signature Date

Employer-provided Work-based Mentor: _____
Signature Date

Student Advisor: _____
Signature Date

(Rev.04-05 ja)