

[MIDDLE/HIGH SCHOOL DISTRICT LETTERHEAD]

WORK-BASED/SERVICE-LEARNING AGREEMENT

The **ABC HIGH/MIDDLE SCHOOL** is committed to maintaining strong communication between the student learner, the school, and the employer and/or community partner in order to achieve a positive educational experience. The parties are encouraged to contact the school with any questions or concerns relating to the work-based/service learning experience. As a part of thinking critically about expectations, **ABC HIGH/MIDDLE SCHOOL** offers this **WORK-BASED/SERVICE-LEARNING AGREEMENT** below.

Student Information:

<i>Student name:</i>	<i>Cell phone:</i>
<i>Associated Course (Name and Number):</i>	<i>Teacher/Faculty Name:</i>

Organization Information:

<i>Site placement Name:</i>
<i>Are you a non-profit with 501(c)(3) status?</i>
<i>Site placement address:</i>

Work Information:

<i>Supervisor:</i>	<i>Phone:</i>	<i>Email:</i>				
<i>Attach or List dates and times student learner will be at site or working on project:</i>						
OR <i>Weekly schedule at organization:</i>						
<i>Mon.</i>	<i>Tue.</i>	<i>Wed.</i>	<i>Thu.</i>	<i>Fri.</i>	<i>Sat.</i>	<i>Sun.</i>
<i>Other organization requirements (criminal background check, TB test, orientation, application, etc.):</i>						

Description and/or Activities:

The employer and/or community partner representative, school, and student learner should collaborate to describe (or attach) the employer and/or service-learning assignment and the course connections/related technical instruction.

As a **student**, I agree to:

- Attend an orientation at my **employer and/or service-learning site**.
- Complete all of the scheduled **employer and/or service-learning** requirements for the duration of the program.
- Keep track of my hours served at my employer and/or service-learning site throughout the duration of the program.
- Call the designated contact at my **employer and/or service-learning site** if I am unable to make my regularly scheduled time.
- Act in a professional manner and wear appropriate attire when at my **employer and/or service-learning site**.
- Complete and return all paperwork within designated time frames.
- Notify the school-to-work coordinator or supervising teacher if I am having problems relating to my **employer and/or service-learning site** or experience.
- Abide by and behave in accordance with the **employer and/or service learning site's** employee manual.

Student signature: _____ Date: _____

Cell phone: _____ Email address: _____ Best way to contact? Phone / Email

As a **school-to-work coordinator or supervising teacher** using employer and/or service-learning in my course/district, I agree to:

- Provide an orientation to student **employment and/or service-learning** in collaboration with the employer and/or community partner.
- Help students relate their **employment and/or service-learning** assignment to their course curriculum and learning objectives.
- Address any problems relating to **employment and/or service-learning** during the duration of the program.

Teacher signature: _____ Date: _____

Phone: _____ Email address: _____ Best way to contact? Phone / Email

As an **Employer and/or Community Partner** with **ABC** HIGH/MIDDLE SCHOOL, I agree to:

- Provide an orientation to the site in collaboration with the school-to-work coordinator or supervising teacher.
- Place student learner in employment and/or service assignments which complement their classwork and/or according to specific work-based learning program requirements.
- Provide adequate training and supervision while the student learner is at the employment and/or service-learning site.
- Meet regularly with the student learner to discuss any problems or issues that may arise.
- Inform student learner about any relevant or special events at the site.
- Provide timely feedback on the student learner's performance.
- Notify the teacher if I have problems with a student learner or any assignment.

Employer/Community Partner signature: _____ Date: _____

Phone: _____ Email address: _____ Best way to contact? Phone / Email

As the **Parent/Guardian** of the above-noted student, I understand my child is participating in the above-described employment and/or service-learning experience.

Parent/Guardian signature: _____ Date: _____

Phone: _____ Email address: _____ Best way to contact? Phone / Email

The ABC School District does not discriminate on the basis of race, color, national origin, sex, disability, age, marital status, parental status, religion, sexual orientation, creed, and pregnancy in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person/people has/have been designated to handle inquiries regarding non-discrimination policies: Name and/or Title, Address, Telephone No., Email Address; and (if more than one designee) Name and/or Title, Address, Telephone No., Email Address

CC: Student, Teacher, Employer and/or Community Partner, Student's Parents/Guardians