

Professional Learning Experience Agreement (P.L.E.A.)

(Completed with student input.)

Learner's Name: _____ Pathway: _____

Address: _____ Parent Name: _____

Contact Information: _____

Experience Location: _____

Adult Mentor: _____

Contact Information: _____

Professional Learning Experiences are based upon the student learner's career interest and partners the learner with the school, community, business and/or worksite. It provides career work opportunities above and beyond the classroom; it will provide instruction or introduction to all aspects of the industry.

Because of the independent nature of this class, participating student learners and their parents are asked to sign this contract of agreement by initialing each point below. Adult mentors and school coordinators are also asked to sign to show support of an agreement to fulfill their responsibilities. Questions regarding the expectations and requirements for successful completion of the Professional Learning Experience should be directed to the identified school coordinator (*insert teacher name*).

STUDENT LEARNER AGREEMENT:

I will: (*check to show agreement*)

- _____ 1. Abide by all school, employer and coordinator policies, including being on-time, following directions, and follow through on preparation and work/experience assignments.
- _____ 2. Arrange for transportation to and from my experience. (*Must have parental permission form signed.*)
- _____ 3. Carry out my experience in such a manner as to reflect positively upon the school and myself.
- _____ 4. Complete the "Professional Learning Experience Work Log Record" and submit by deadline(s).
- _____ 5. Understand that any performance rating by the coordinator, along with other measures, will be used to determine my grade.
- _____ 6. Agree that all matters of business are confidential and must be held in the strictest confidence.
- _____ 7. Agree to observe worksite rules of conduct, personal appearance and dress code.
- _____ 8. Avoid conducting personal business at the training site. This includes personal telephone calls, texts and having visitors.
- _____ 9. Understand that the school coordinator will consult with my adult mentor about school and worksite absences and my ability to follow the two week notification for conflicts and calling in before 10:30 am if absent.
- _____ 10. Agree that I am required to attend all meetings, as well as maintain all required documentation.
- _____ 11. Maintain 95% worksite attendance per quarter and failing to meet the minimum requirement, I may be placed on probationary status or terminated from Professional Learning Experience.

_____ 12. Agree that if for any reason I am suspended from school, I will not be permitted to attend the Professional Learning Experience during the time of suspension.

_____ 13. Agree to maintain average or above average grades in all my classes.

Learner Signature: _____ Date: _____

Contact Information: _____

Phone: _____ E-mail: _____

PARENTAL/GUARDIAN AGREEMENT:

I will:

- _____ 1. Read and understand the student learner responsibilities.
- _____ 2. Assist the student learner in providing transportation to and from the Professional Learning Experience with adequate automobile insurance.
- _____ 3. Support student learner expectations as listed in the above Student Learner Agreement section.

Parent/Legal Guardian Signature: _____ Date: _____

Contact Information: _____

Phone: _____ E-mail: _____

SCHOOL COORDINATOR AGREEMENT:

I will:

- _____ 1. Provide instruction to the student learner which includes expectations, evaluation procedure and documents used and grading process.
- _____ 2. Assist student learner in the development of the Professional Learning Experience Plan (*if applies*).
- _____ 3. Assist student learner in the review of the Professional Learning Experience Agreement. (*this document*)
- _____ 4. Establish open lines of communication between all entities.
- _____ 5. Ensure safety of student learner when taking part in the planned experience through documentation of equipment training and insurance coverage while moving to, from and during the Professional Learning Experience period.
- _____ 6. Oversee compliance of agreement by all entities.
- _____ 7. Notify the student learner's parents/guardian of progress.

School Coordinator's Signature: _____ Date: _____

Contact Information: _____

Phone: _____ E-mail: _____

TRAINING SITE AGREEMENT:*(Under direction of worksite supervisor/adult mentor)*

I will:

- _____ 1. Provide adequate orientation before the student learner begins responsibilities assigned.
- _____ 2. Ensure safety of learner at all times.
- _____ 3. Provide opportunities according the appropriate.
- _____ 4. Discuss the Professional Learning Experience Plan (*this form*) with the student, School coordinator.
- _____ 5. Follow the Professional Learning Experience Agreement (*if applies*) to ensure student learner opportunities.
- _____ 6. Evaluate student learner and offer direction to enhance development.

Traing Site/Adult Mentor Signature: _____ Date: _____

Contact Information: _____

Phone: _____ E-mail: _____

USD # _____ does not discriminate on the basis of race, color, national origin; sex or disability in is program or activity Professional Experience Employers agree to abide by the USD's non-discrimination statement.

Professional Learning Experience Confidentiality Form

(This form is provided as an example of an agreement concerning the confidential nature of some work related experiences, such as within Human Services or Education and Training.)

Date: _____

I, (*insert student name*), a participant in the Professional Learning Experiences at (*insert school name*), acknowledge that I have been informed that I may come into contact with privileged information while at the experience site.

I hereby understand and promise that I will not divulge any privileged or confidential information to anyone including friends, classmates and relatives.

If I break this promise, I will be subject to disciplinary action, including termination of my participation in the experience and will be responsible for damages arising from any irresponsible actions on my part.

Student Learner Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Worksite Adult Mentor Signature: _____ Date: _____

School Coordinator Signature: _____ Date: _____

Professional Learning Experience Liability Agreement

(PLEASE EDIT AND/OR USE LOCAL FORMS TO INDICATE LIABILITY AGREEMENT AS APPLICABLE. It is recommended however an agreement of this type is in place.)

THIS AGREEMENT is made and entered into this _____ day of _____ 20_____

by _____ (experience site) and _____ (school and/or district).

WHEREAS, the parties desire to establish and implement the experience/work based learning experience;

NOW, THEREFORE, it is mutually agreed as follows:

1. Experience/work site will provide occupational and training experience as described in the Professional Learning Experience Agreement. The school will provide coordination and support for the students involved in this agreement. The school coordinator will meet and confer with the adult mentor who represents the experience location during the hours as arranged to respond to requests from them as they work with student learners/interns. Duties will include, but not limited to, evaluation, observation and counseling of the student.
2. The experience/work site will advise the school coordinator the skills that student learners will be expected to have prior to participation in the experience. The experience/work site agrees to instruct student learners/interns with training on safety precautions and regulations related to the activities they will perform. Student learners/interns will abide by all rules and regulations of the school and the experience/work site which includes conduct and general appearance and basic expectations such as coming to work on time, staying on task, completing work assigned and getting along with fellow workers.
3. The experience/work site will provide the learning situation, instructional materials and equipment necessary to provide a quality learning experience.
4. In the event of injury or accident, the experience/work site will provide immediate emergency care based upon humanitarian considerations and will promptly report the incident to the school, which will immediately contact parents and complete school accident report forms just as if the incident had occurred on school property. Student learners/interns will be covered by district liability insurance while at the experience/work site if they are not paid by the experience/work site.
5. The district/school agrees to indemnify and hold harmless the experience/work site, its officers, agents and employees from any and all claims and losses resulting from district/school performance of this agreement. The experience/work site agrees to indemnify and hold harmless the district/school from any and all claims and losses resulting from the experience/work site's performance of this agreement.
6. The parties agree to comply with all laws, ordinances and regulations of governmental bodies applicable to the professional learning experience which includes age restrictions to hours worked and task limitations.
7. The parties agree to cooperate in evaluation of the experience and the student learners/interns enrolled in the experience.
8. The experience/work site and the school/district agree to instruct all students enrolled in the experience with respect to the confidential nature of all records and information.
9. If student learner/interns and/or the experience/work site fail to follow this agreement, either party may request an improvement plan. All parties will follow the improvement plan to regain the quality status of the experience.
10. The terms of this agreement are effective from _____ (beginning date) to _____ (ending date). Additional dates and times may be contained in the attachment(s). Either party may cancel this agreement if the agreement is not followed as stated above and will take effect upon receiving written notice given at least three (3) days prior to the stated cancellation date. This agreement may be amended by written mutual agreement of the parties.

Signatures of agreement:

Student Learner Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Worksite Adult Mentor Signature: _____ Date: _____

School Coordinator Signature: _____ Date: _____