

**EDMONDS SCHOOL DISTRICT #15
PARENT/GUARDIAN INFORMED CONSENT FOR WORK-BASED LEARNING**



Student's Name: _____ Phone: _____
 Email Address: _____ Cell: _____
 Mailing Address: _____ City: _____ Zip: _____
 Worksite Supervisor (WS): _____ WS Phone: _____
 Birthdate: ____/____/____ Age: ____ Sex: ____ Grade Level: ____ Paid Experience Non-Paid Experience
 Desired Learning Site: _____ Experience: _____
 WBL Coordinator: _____ Phone: _____

IN CASE OF A MEDICAL EMERGENCY:

Parent/Guardian's Name: _____ Day Phone: _____ Cell Phone: _____
 Emergency Contact Person: _____ Phone: _____
 Doctor's Name: _____ Phone: _____
 List any Medications: _____ List any Allergies: _____
 Other: _____
 Name of Medical Insurance Carrier: _____ Phone: _____

AUTHORIZATION TO PROVIDE STUDENT RECORD INFORMATION TO WORKSITE SUPERVISOR

As per Family Educational Rights and Privacy Act (FERPA), parents (or students over the age of 18) have the right to inspect and review any and all official records relating to their child, and are permitted to have a copy of the information to be released if desired. It is also understood that the receiving agency or individual agrees not to permit any other party to access such information without parent/guardian or eligible student consent.

It is a requirement for all Worksite Learning Experiences that schools be permitted to share relevant information about students with worksite supervisors for the sole purpose of assuring a safe and quality worksite learning experience. Relevant information may include a student's academic performance, attendance history, behavior history, special services information, and appropriate health-related issues.

- I grant consent for the school to share relevant information about my student with the worksite supervisor for the sole purpose of assuring a quality worksite learning experience for my student. I also grant consent for the worksite supervisor to share this information with others serving in a supervisory experience during my student's worksite learning experience.
- I DO NOT grant consent for the school to share relevant information about my student with the worksite supervisor. I understand that by refusing to grant this consent, my student will not be able to participate in the worksite learning program.

PRIVATE TRANSPORTATION FOR WORK-BASED LEARNING ACTIVITIES

Student and Parent/Guardian(s) acknowledge and agree that private transportation to and from the work-based learning site(s) is the complete, sole responsibility of the student and parent(s). The Edmonds School District assumes no responsibility for arranging such private transportation and will in no way participate in its planning and administration.

SIGNATURES:

_____ Student's Signature	_____ Date	_____ Parent/Guardian's Signature*	_____ Date
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*This signature authorizes emergency medical treatment and private transportation to Work-Based learning/work sites

The Edmonds School District, as an educational institution and as an employer does not discriminate on the basis of race, religion, ethnicity, national origin, age, disability, sex, marital or veteran status. This is a commitment made by the District in accordance with federal, state and local laws and regulations.

EDMONDS SCHOOL DISTRICT #15 STUDENT LEARNING PLAN AND EVALUATION



Student's Name: _____ School: EWHS LHS MHS MTHS SLHS

Worksite Supervisor: _____ Worksite Supervisor Phone: _____

Learning/Training Site: _____ Worksite Supervisor Email: _____

Student Job Description: _____

WSL Period: From: _____ To: _____ WBL Coordinator: _____

Rating Scale: 3 = Exceeds workplace standards 2 = Meets workplace standards 1 = Below workplace standards NA = Not Applicable

LEARNING OBJECTIVES		Evaluation 1				Evaluation 2			
		3	2	1	NA	3	2	1	NA
1.									
2.									
3.									
4.									
5.									
	BASIC SKILLS	COMMENTS							
1.	Reading skills for job								
2.	Writing skills for job								
3.	Math skills for job								
4.	Speaking skills for job								
5.	Listening skills for job								
6.	Technology skills for job								
	THINKING SKILLS								
7.	Follows job safety and health rules								
8.	Follows directions and seeks clarification								
9.	Shows good judgment (plans tasks)								
10.	Problem solving skills								
11.	Decision making skills								
	PERSONAL QUALITIES								
12.	Demonstrates punctuality								
13.	Meets attendance standards								
14.	Gives timely notice of absences								
15.	Maintains good personal hygiene and dress								
16.	Cooperates with co-workers								
17.	Responds appropriately to supervisors								
18.	Demonstrates appropriate worksite behavior								
19.	Reacts appropriately to constructive criticism								
20.	Completes tasks/assignments on time								
21.	Shows initiative (self-starter)								
22.	Is responsible (business-like attitude)								
Evaluations for cooperative worksite learning will be conducted two times during each transcribed period.									

AGREEMENT ON LEARNING OBJECTIVES:					
_____ Worksite Supervisor's Signature Date		_____ WBL Coordinator's Signature Date		_____ Student's Signature Date	
EVALUATION #1					
_____ Worksite Supervisor's Signature Date		_____ WBL Coordinator's Signature Date		_____ Student's Signature Date	
EVALUATION #2					
_____ Worksite Supervisor's Signature Date		_____ WBL Coordinator's Signature Date		_____ Student's Signature Date	

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