

Work-Based Learning Application Checklist

- _____ All spaces complete. NO blanks, except for “Administrative Use ONLY” box and as specified below.
- _____ Answers to essay questions are attached.
- _____ Three teacher references completed and returned to guidance counselor.
- _____ WBL Information Verification Page read and initialed.
- _____ All signatures obtained from Student.
- _____ All signatures obtained from Parent/Guardian.
- _____ All signatures obtained from proposed WBL Worksite Supervisor.
- _____ Verification and all signatures obtained from Endorsed Teacher. (FYI - This should be a teacher that is certified/teaches classes in the Focus Elective area that your proposed WBL job falls under. This may be your WBL Teacher, if they are certified in your focus elective area.)
- _____ All signatures obtained from WBL Teacher. (FYI - This should be the teacher at your school that will be teaching WBL next school year. If no teacher at your school is offering WBL next school year, leave these signature lines blank.)
- _____ Verification and all signatures obtained from School Guidance Counselor.
- _____ All signatures obtained from Principal. (This may be the head or assistant principal over CTE.)
- _____ All CTE Director signature lines left blank (this will be obtained if application is approved).
- _____ Completed application turned into your guidance counselor in time for them to send it to the Central Office on or before Friday, April 15, 2022. **Note, ask them when they will need it in order to meet the deadline.

Work-Based Learning (WBL) Course Application

Date Received _____

Check the type of Work Based Learning:

Co-Op / Internship-6105
 Health Science Clinical-5993
 Service Learning-6104
 Transition (SSS)-6107

Student Name _____ High School _____

Home Address _____

Student Cell Phone _____ Parent Cell Phone _____

Student E-Mail _____ Parent E-Mail _____

Birth date _____ Age _____ School Guidance Counselor's Name _____

Proposed Work Site Business Name: _____ Miles from School: _____

In the boxes below, list the classes you are currently enrolled in and the elective courses you have or are currently taking. Include the current letter grade you received or currently have in each course. **Please attach a transcript.*

<u>Current Year Courses</u>	<u>Focus Elective Courses Completed/Currently Enrolled</u>
Class Name	Class Name
Grade Earned	Grade Earned
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	Current Overall GPA: _____
6. _____	Do you need the WBL course to graduate? _____

What is your area of Focus Elective (Path of Study) in high school? _____

List the name of your Focus Elective (Path of Study) teacher(s): _____

If you have a CTE Path of Study, would the WBL course fulfill your 3rd or 4th credit in your Elective Focus? _____

How many absences did you have last semester (Aug-Dec)? _____ This semester (Jan-Apr)? _____

Have you been enrolled in ALC or suspended*? _____ **If so, attach explanation of when and for what offense.*

Do you have reliable transportation to and from place of employment? _____

What after-school activities do you plan to participate in next school year? _____

Essay Questions:

**Please answer both questions below on an attached document (typed and double spaced)
(min of 250 and max of 500 words per question)**

1. What are your future educational and/or career goals (i.e. college/post-secondary major and/or future job)?

2. The goal of the WBL program is to give students hands-on experience in an area related to either their focus elective (path of study) or a future career goal. With that in mind, explain how this WBL experience would help you achieve your future college/educational and/or career goals?

Teacher References: Three (3) Teacher References are required. One MUST be from your focus elective (Path of Study). Please provide the attached recommendation forms to your teachers and have them return them to your Guidance Counselor.

1st Teacher Reference (from Elective Focus Area – this should also be your “Endorsed Teacher”):

Teacher Name (first and last):	Subject Area:
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2nd Teacher Reference:

Teacher Name (first and last):	Subject Area:
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3rd Teacher Reference:

Teacher Name (first and last):	Subject Area:
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CCTE or FOCUS ELECTIVE TEACHER
 Confidential **Recommendation Form** for the
Williamson County High School Work-Based Learning Program

Work-Based Learning programs are an extension of the school-based curriculum into the workplace. Through this program, students will gain valuable work experience and be better prepared for future opportunities. The student listed below has applied to participate in the program. Please assist me in determining if this student is a viable candidate.

Student's Full Name: _____

	Excellent	Good	Fair	Poor
Ability to follow instructions/attention to detail				
Social skills (get along well/respect others)				
Demonstrates dependability/responsibility				
Self-motivated				
Demonstrates enthusiasm in performing assigned tasks				
Strives for excellence				
Punctual				
Problem solving skills				
Leadership skills				
Personal appearance/grooming				
Demonstrates integrity/honesty				
Willingness to try new ideas and increase knowledge				
Flexibility				
Creativity				
Communication skills (oral and written)				
Demonstrates aptitude in technical/hands-on skills				

I recommend this applicant for the Work-Based Learning program. Yes No

Signature Date

Print Name Subject Area

Comments: _____

Teacher: *Please return to the student's school counselor to be turned in with their application.* Thank You!

ACADEMIC TEACHER

Confidential Recommendation Form for the Williamson County High School Work-Based Learning Program

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Willingness to try new ideas and increase knowledge				
Flexibility				
Creativity				
Communication skills (oral and written)				
Demonstrates aptitude in technical/hands-on skills				

I recommend this applicant for the Work-Based Learning program. Yes No

Signature Date

Print Name Subject Area

Comments: _____

Teacher: *Please return to the student's school counselor to be turned in with their application.* Thank You!

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Communication skills (oral and written)				
Demonstrates aptitude in technical/hands-on skills				

I recommend this applicant for the Work-Based Learning program. Yes No

Signature Date

Print Name Subject Area

Comments: _____

Teacher: Please return to the student's school counselor to be turned in with their application. Thank You!

Work-Based Learning Insurance and Emergency Information

Student Name:	Work Site:
Address:	Address:
City: Zip:	City: Zip:
Phone:	Phone:
DOB: Grade:	WBL Coordinator:

Allergic to Medication? No Yes If yes: list medication(s):

List any other allergies or medical problems:

Medical Alert: No Yes, If yes: additional explanation:

Insurance Company:

Policy #:

Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Additional Emergency Contact	Home Phone: Work Phone: Cell Phone:

I consent for my child to receive medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent or Guardian	Date
Student	Date
WBL Teacher (If none at your school, please leave blank)	Date
Principal	Date
Work Site Supervisor	Date

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

PLP10

This document is part of the Personalized Learning Plan packet for WBL.

For more resources, see the WBL Toolbox: http://tn.gov/education/cte/work_based_learning.shtml

WBL Information Verification Page

Please read, initial (parent/guardian & student), and sign below:

___/___(Initial) I understand that students must meet the requirements, as stated in the WCS Work-Based Learning Policy Guide, WCS Board Policy 4.2093, Program of Studies, regarding attendance, grades, and behavior, in order to be accepted into the WBL Program.

___/___(Initial) I understand that this is a graded course with assignments/projects/tests based on the state WBL course standards (http://tn.gov/education/cte/work_based_learning.shtml). I understand that the student will meet with his/her school's WBL Teacher/Coordinator on a regular basis. Failure to turn in assignments and/or attend WBL meetings will result in removal from the course. Completion of safety/workplace training must be completed before student may be released by WBL Teacher/Coordinator to work during school hours.

___/___(Initial) I understand that the workplace assignment must be maintained for the entirety of the course. Also, I understand that the workplace assignment must be within a driving distance that allows my school's WBL Coordinator to make a worksite visit within the class period, unless written approval is given by the assigned WBL Teacher/Coordinator. A student may NOT change employment without prior approval of their assigned WBL Teacher/Coordinator and the WCS CTE Director.

___/___(Initial) I also understand that if my student is removed from the WBL course, he/she will be assigned to a study hall or class and will not be allowed to continue to leave school early.

___/___(Initial) I understand that WCS does not make employment decisions for these businesses and is not responsible for activities occurring at these businesses. Like any employment decisions for their child, parents should investigate each business to determine if it is appropriate for their child.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Guidance Counselor's Verification:

I certify that the student understands the requirements of this course and that the work/job assignment aligns with the student's focus elective/future career goals. In accordance with the WCS board policy on WBL, I also verify that this student has satisfactory grades, attendance, and behavior.

School Guidance Counselor Signature: _____

Date: _____

Endorsed Teacher's Verification (may be same as WBL Teacher, if worksite placement falls under your teaching certification):

I certify that this student's placement aligns with their focus elective/future career goals. I verify that I am a teacher certified in the area of their WBL work site/job. Safety Topics that I think are necessary to cover before starting employment are as follows: _____

Endorsed Teacher Signature: _____ **E-mail** _____ **Date:** _____

Turn in your completed application to your guidance counselor. *All pages must be complete, signatures obtained, and copies/attachments included BEFORE submitting for final approval.*****

The WBL Program offers equal opportunity to all qualified applicants without regard to race, sex, color, religion, national origin, or disability.

Administrative Use ONLY

*Original Signature pages of WBL PLP will be returned to the school WBL teacher once application is approved.

FINAL APPROVAL	
WBL Placement: Approved/Denied	
Comments:	
CTE Executive Director Signature: _____	Date _____