

## 2023-24 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 school 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 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 in to your school counselor in time for them to send it to the Central Office on or before Friday, April 14, 2023. \*\*Note, ask them when they will need it in order to meet the deadline.

# Work-Based Learning (WBL) Course Application

**Deadline: Received in Central Office by 4/14**

**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 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.*

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

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 3<sup>rd</sup> or 4<sup>th</sup> 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 School Counselor.**

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

Teacher Name (first and last):	Subject Area:
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**2<sup>nd</sup> Teacher Reference:**

Teacher Name (first and last):	Subject Area:
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**3<sup>rd</sup> 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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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

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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! **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](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:** \_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**School 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 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 school 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** \_\_\_\_\_