WBL Safety Training Log



The following safety training log should reflect the training requirements appropriate for the student's job description and align with the required training of the business. According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:	Work Site:	
Address:	Address:	
City/Zip:	City/Zip:	
Phone:	Phone:	
DOB:	Supervisor:	
Student's Responsibilities/Job Description:		

Safety Training Topics*	Trainer's Name	Location	Date Provided
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

^{*}If additional space is needed, attach an extra sheet of paper.

SIGNATURES

Student:		Date:
Parent or Guardian:		Date:
Endorsed Teacher: (When not the WBL Coordinator)		Date:
WBL Coordinator:		Date:
Principal:	School:	Date:
CTE Director: (or designated WBL Coordinator)		Date:
Work Site Supervisor:		Date:

According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Thursday

Saturday

Sunday

Friday



Student Name:		Work Site:				
Address:	Address: Supervisor:					
City/Zip:			Address:			
Phone:	DOB: City/Zip:					
Area of El	ective Focus:			Phone:		
High Scho	ol:	Start Date:				
Typical We	ekly Work Sch	nedule: Hours for credit-b	pearing ex	kperier	nces must e	equate to a full-time equivalent course.
Day	From	Time of Work To	Total I Worke			Type of WBL Experience
Monday					•	Apprenticeship (Registered)
Tuesday					•	Clinical
Wednesday						Cooperative Education

Employability Skills: This student is participating in work-based learning for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education, future careers, and life:

Application of academic and technical knowledge and skills Career knowledge and navigation skills

Total

21st Century learning and innovation skills Personal and social skills

Transition (paid or unpaid)

School Based EnterpriseService Learning

Internship

Service Learning

Verification: We, the undersigned, give permission for the above-named student to participate in the WBL program, and we understand and agree to meet the requirements of the WBL Framework as provided in State Board of Education policy and in the WBL Policy Guide provided by the Tennessee Department of Education. We verify the above information is correct and is consistent with federal and state guidelines for work-based learning experiences.

•		
Student:		Date:
Parent or Guardian:		Date:
Endorsed Teacher: (When not the WBL Coordinator)	Date:
WBL Coordinator:		Date:
Principal:	School:	Date:
CTE Director: (or designated WBL Coordinator	;)	Date:
Work Site Supervisor:		Date:
disadvantage should be discrimin	·	eligion, national origin or ancestry, age, sex, marital status, disability, or the benefits of or otherwise be subjected to discrimination in any
VERIFY WORKERS' COMPENSATION	ON COVERAGE:YES	NO

WBL Insurance and Emergency Info



Student Name:		Work Site:				
Address:		Address:				
City: Zip:		City: Zip:				
Phone:		Phone:				
DOB: Grade	:	WBL Coordina	itor:			
Allergic to Medication? □ No □ Ye	s If yes: list medic	cation(s):				
List any other allergies or medical pr	oblems:					
Medical Alert: □ No □ Yes, If ye	s: additional expl	anation:				
,	3. ddarcionar expi					
nsurance Company:		Policy #:				
Parent/Guardian	Home	Phone:				
	Work I	Work Phone: Cell Phone:				
	Cell Ph					
Parent/Guardian	Home	Home Phone:				
	Work F	Phone:				
	Cell Ph	none:				
Additional Emergency Contact	Home Phone:					
	Work I	Work Phone:				
	Cell Ph	Cell Phone:				
I consent for my child to receive me	 dical treatment in	n case of injury or	illness. The information prov	vided is accurate		
to the best of my knowledge.			·			
Parent or Guardian			Date			
Student			Date			

StudentDateWBL CoordinatorDatePrincipalDateSupervisorDate

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 again, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in nay program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.