BALTIMORE COUNTY PUBLIC SCHOOLS

Work-Based Learning Experience Agreement

_____ _____
Name of student Work site position

Work site: _____

Address: _____ Phone number: _____

Mentor:_____ Mentor e-mail:_____

Work dates:_____ to _____

Student emergency phone number: _____ Contact person: _____

BCPS 24-hour security phone number: 410-887-6488

Work-based learning coordinator: _____ Phone number: _____

Baltimore County Public Schools does not discriminate on the basis of gender, race, disability, color, or national origin, and does comply with Title VI, Title IX, and Section 504 of the civil rights regulations in all educational programs. All courses are open to both male and female students. For further information, contact the Office of Equity and Assurance, Baltimore County Public Schools, 6901 Charles Street, Towson, MD 21204. 410-887-2444.

Agreements

The school agrees to:

1. Make a reasonable effort to determine the appropriateness and safety of the site.
2. Provide preparatory activities for the experience.
3. Provide appropriate monitoring, assessment, and follow-up activities.

_____ _____
WBL coordinator signature Date

The employer agrees to:

1. Provide the student with safety instructions and orientation prior to the work experience.
2. Provide a mentor/supervisor who will assume responsibility for the student's experience.
3. Provide a structured learning experience for the student.
4. Provide feedback to the school.
5. As an employer in Maryland, affirm the provision of Worker's Compensation and liability insurance coverage.
6. Comply with applicable federal, state, and local requirements including Title IX and sexual harassment.

_____ _____
Employer signature Date

The student and parent agree to:

1. Abide by the agreed schedule and activities.
2. Adhere to a businesslike attitude toward all of the organization's policies and regulations, including security, safety, and sexual harassment.
3. Notify the employer as early as possible if the student is reporting late or unable to work on a particular day.
4. Understand that he/she cannot work on days absent from school without WBL coordinator written permission.
5. Handle proprietary and confidential information discreetly.
6. Complete all projects, assignments, and assessment activities in a timely manner.
7. Arrange transportation to and from the work site.
8. Provide a two-week termination notice with the consent of the WBL coordinator.
9. Adhere to all policies of the BCPS STUDENT BEHAVIOR HANDBOOK and understand that these school policies also apply to the work experience site.
10. Understand that participation in this work experience program is voluntary and may expose my child to some risk(s).
11. The employer/work site may require additional information and/or documentation that is independent of, and separate from, BCPS requirements. According to applicable state and federal requirements, if requested, students must provide documentation in order to verify and establish eligibility to accept paid employment in the United States.

_____ _____
Student signature Date

I understand that my son/daughter will participate in this work experience as specified above and give my consent for his/her participation.

_____ _____
Parent signature Date