

CTE INTERNSHIP  
Washington County School District

**STUDENT TRAINING AGREEMENT**

Student Name: \_\_\_\_\_

last

first

middle

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hr/Week: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_

The PARTICIPANT agrees to accept, and the Parent/Guardian agrees to support the following:

1. Continue to regularly attend school and the training location. Follow all rules of the program, and to notify the school/program and employer prior to any absences.
2. Demonstrate honesty, punctuality, cooperation, proper grooming, and a willingness to learn.
3. Consult advisor and employer about any problems that arise in the course of the internship.
4. Conform to the rules and regulations of the training site, and maintain confidentiality.
5. Complete required assignments and furnish necessary information, reports, and timesheets.
6. Attend CTE Internship seminars when scheduled
7. Maintain a "C" average grade in all classes
8. If I am paid for my internship, work injuries or occupational diseases sustained or contracted in the course of my internship are covered by the employer's worker's compensation insurer.
9. If I am an unpaid intern, work injuries or occupational diseases sustained or contracted in the course of my internship are covered by the local educational agencies' worker's compensation insurer. Any additional insurance desired is the responsibility of the parent/guardian.
  - a. Should the participant require medical attention after sustaining a workplace injury a worker's compensation claim may be filed by calling Company Nurse at (888) 375-0279
10. Transportation to and from the internship is the responsibility of the parent/guardian. Under no circumstances will the participant ever transport other students in their vehicle while en route to or from the work experience.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The TRAINING SITE SUPERVISOR agrees to the following:

1. Provide a thorough orientation to the job and training site
2. Provide a meaningful, well-supervised work experience
3. Provide evaluation of performance, time for consultation with, and on-site monitoring visits
4. Keep and complete accurate attendance and/or time records as required
5. Complete participant evaluation forms and program agreement (see attached)
6. Consult the program coordinator/teacher regarding problems related to the work experience
  - a. The school district must be contacted before considering suspension/transfer/termination
7. Conform to state and federal labor laws, and provide worker's compensation coverage for paid interns

Work Site Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_