



Parkway West CTC
 7101 Steubenville Pike
 Oakdale, PA 15071



COOPERATIVE TRAINING AGREEMENT

TO BE COMPLETED BY THE STUDENT-LEARNER: PARKING PERMIT #: _____

NAME: _____ HOME SCHOOL: _____
 ADDRESS: _____
 HOME PHONE: _____ CELL PHONE: _____
 EMAIL ADDRESS: _____
 PWCTC PROGRAM: _____ SESSION: AM PM
 CAREER OBJECTIVE: _____ DATE OF BIRTH: _____

TO BE COMPLETED BY THE EMPLOYER:

BUSINESS NAME: _____ PHONE: _____ FAX: _____
 ADDRESS: _____
 EMAIL ADDRESS: _____
 TRAINING SUPERVISOR: _____ TITLE: _____
 STUDENT JOB TITLE: _____ STARTING WAGE: _____
 DESIRED FIRST DAY OF CO-OP EMPLOYMENT: _____
 WORKERS COMPENSATION POLICY NUMBER: _____

STUDENT-LEARNERS WORK SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME					
STOP TIME					

LIST THE COMPETENCIES OR SKILLS THE STUDENT LEARNER IS TO ACQUIRE ON THE JOB:
 WHAT WILL THE STUDENT LEARN THAT RELATES TO HIS/HER CTC PROGRAM?

1. _____
2. _____
3. _____
4. _____
5. _____

LIST THE LEARNING ACTIVITIES WHICH THE STUDENT LEARNER IS TO ACQUIRE ON THE JOB:
 WHAT WILL THE STUDENT DO TO REINFORCE THE SKILL LISTED ABOVE?

1. _____
2. _____
3. _____
4. _____
5. _____

THE STUDENT LEARNER understands that the purpose of this employment is to gain experience which will contribute to his/her career objective and agrees:

1. To attend the job, CTC, and home school as scheduled. In case of an illness, injury, or emergency which prevents attendance at the job or CTC, the student must notify the employer and the coordinator prior to the absence.
2. To demonstrate the qualities of a good employee, honesty and punctuality, courtesy, a cooperative attitude, proper health and good grooming habits, appropriate dress and willingness to learn.
3. To consult the teacher of cooperative education immediately regarding any difficulties arising at the training station or changes in schedule of days, hours, or other circumstances related to the training program.

SIGNATURE _____

DATE / / _____

THE PARENT(S)/GUARDIAN(S) of the student learner, realizing the importance of the training program in the achievement of the student-learners career, agree:

1. To encourage the student-learner to carry out effectively all duties and responsibilities on the job, as the CTC and at the home school.
2. To accept responsibility for the safety and conduct of the student-learner while traveling to and from the home school, the CTC, the place of employment, and the home.

SIGNATURE _____

DATE / / _____

THE CTC TEACHER, in recommending the student learner for this training program, agrees: To communicate to the student-learner his/her responsibilities regarding assignments, tests, and other obligations required to maintain satisfactory progress in the program.

1. To discuss the student-learner's progress regarding the training plan with the student-learner when he/she reports to class.
2. To determine the student learner's report card grades based on fair consideration of the employer's grade report.
3. To determine the appropriate D.O.T code for this employment.
 - a. D.O.T Job Title: _____ D.O.T Code: _____

CTC TEACHER'S SIGNATURE _____ DATE: _____

ACADEMIC TEACHER'S SIGNATURE _____ DATE: _____

SUPERVISOR OF VOCATIONAL EDUCATION: _____ DATE: _____

THE HOME SCHOOL COUNSELOR in recommending the student-learner for this program agrees:

1. That the employment is in the educational interest of the student-learner.
2. To inform the teacher of cooperative education of any disciplinary or attendance problems

SIGNATURE _____

DATE / / _____

THE EMPLOYER, recognizing that a training plan is being followed and that close supervision of the student-learner is essential, agrees:

1. To employ the student-learner in compliance with provisions of the Fair Labor Standards Act, the PA Child Labor Laws, and the Minimum Wage Law.
2. To provide necessary safety instructions throughout the period of employment.
3. To ensure that exposure to hazardous work or working conditions will be essential to the student-learner's training, and not a regular part of the training program.
4. To provide a variety of work assignments for the student-learner under the supervision of an experienced worker.
5. To adhere to all state and federal regulations regarding employment, child labor, minimum wage, and worker's compensation.
6. To evaluate the student learner each grading period on the rating form provided by the school.
7. To assure that students will be accepted and assigned without regard to race, color, national origin, sex or handicap
8. To permit on-site visitations by the teacher of cooperative education.
9. To provide time for the student to report to school to complete assignments, tests and receive related instruction as scheduled.

SIGNATURE _____

DATE / / _____

THE TEACHER OF COOPERATIVE EDUCATION will coordinate the training program toward a satisfactory preparation of the student learner for an occupational career objective and agrees:

1. To verify the age of the student-learner and the existence of a properly issued Work permit for student-learners under the age of 18.
 - a. Work Permit: _____ Proof of age 18 and above: _____
2. To see that the terms and conditions of the training agreement are met.
3. To make monthly visits to the training station.
4. To consult with the employer to monitor student progress and assist in resolving any problems concerning the employment of the students learner.
5. To determine the first day of co-op ____/____/____ and the first Co-op related theory class date: ____/____/____.

SIGNATURE _____

DATE / / _____

Parkway West CTC

7101 Steubenville Pike
Oakdale, PA 15071-9111
(412) 923-1772

CO-OP ELIGIBILITY CHECKLIST

Student: _____

Program/Session: _____

High School/Year of Graduation: _____

Career Objective: _____

The following must be fully completed prior to the co-op placement:

_____ Training Agreement

_____ Rules and Regulations

_____ Work Permit/Driver's License

_____ CTC Instructor's Recommendation

_____ Academic Instructor's Recommendation

_____ Pre-NOCTI Test: Achieved an Advanced or Competent score.

Co-op Coordinator's Approval: _____

Date: _____

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ACADEMIC TEACHER RECOMMENDATION FOR CO-OP

Student: _____ Date: _____

Program: _____ Session: _____

Home School: _____

Rate the student's abilities using the following scale:

- 4- Excellent
- 3- Very Good
- 2- Good
- 1- Average
- 0- Below Average

Academic Performance	4	3	2	1	0
Attendance	4	3	2	1	0
Motivation	4	3	2	1	0
Dependability	4	3	2	1	0
Initiative	4	3	2	1	0

What modifications have been made to the student's curriculum to permit him/her in participating in the Cooperative Education program?

Please indicate any special assistance needed by this student:

Teacher Signature

Date

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CTC TEACHER RECOMMENDATION FOR CO-OP

Student: _____ Date: _____

Program: _____ Session: _____

Home School: _____

Rate the student's abilities using the following scale:

- 4- Excellent
- 3- Very Good
- 2- Good
- 2- Average
- 1- Below Average

Knowledge of Subject	4	3	2	1	0
Communication Skills	4	3	2	1	0
Math Skills	4	3	2	1	0
Attendance	4	3	2	1	0
Motivation	4	3	2	1	0
Dependability	4	3	2	1	0
Initiative	4	3	2	1	0

What do you feel are the student's strong points?

Please indicate any special assistance needed by this student:

Teacher Signature

Date

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RULES AND REGULATIONS

_____ 1. Report to work on the days and times indicated by the employers on the Training Agreement. In the event of illness or an emergency, which prevents attendance at the job or CTC as schedule, notify the employer and the teacher of cooperative education prior to the absence if possible; but in no case later than the day of the absence.

_____ 2. Report to the CTC every day that you are not scheduled for work, or when there is no work due to weather conditions, lack of work material, lack of work etc. Remain at the CTC for the entire class period and perform duties as assigned by the vocational program teacher.

_____ 3. Attend home school every day unless excused. Do not attend work if absent from school.

_____ 4. **Report to the CTC on the days listed on the Schedule for Co-op Related Theory classes and remain at the CTC for the entire class period.**

_____ 5. Provide proof of actual hours worked in the form of paycheck stubs, photocopies of time cards, or other verifiable documentation.

_____ 6. Update the Cooperative Education Timesheet no less than once every two weeks.

_____ 7. Receive satisfactory performance evaluations from the employer. Employment may be terminated at the employer's discretion.

_____ 8. Maintain a "C" average or better at Parkway West CTC and the home school.

_____ 9. Notify the teacher of cooperative education prior to quitting a job, or, if the job is terminated.

_____ 10. Co-op Grades will be calculated through Classroom Knowledge (co-op % of knowledge grade based on the number of days on a co-op placement). 1 day per week = 20%, 2 days per week = 40%. Etc.

I have read these rules and regulations for the cooperative education program and agree to comply with them. I understand that failure to do so may result in my removal from the program.

Student-Learner's Signature

Date

I have read these rules and regulations for the cooperative education program and will support my son/daughter in complying with them.

Parent/Guardian Signature

Date