

**WASHINGTON STATE SUPERINTENDENT OF PUBLIC INSTRUCTION
COOPERATIVE TRAINING AND AGREEMENT PLAN**

TRAINEE _____ ADDRESS _____

BIRTHDATE _____ AGE _____ SEX _____ S.S. No. _____

SCHOOL _____ OCCUPATIONAL GOAL _____

EMPLOYER _____ ADDRESS _____ PHONE (____) _____
(Company name) street city zip

BEGINNING DATE OF EMPLOYMENT _____ for _____ hours per week.
month day year (approximate)

Trainee's job will be _____. Starting wage per hour \$ _____

EMPLOYER, PLEASE LIST THE MAJOR TASKS OR TRAINING SKILLS PLANNED FOR THE TRAINEE:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

EMPLOYER WILL

- (1) provide employment on a regular basis.
- (2) report any change in trainee's work situation to school supervisor.
- (3) conform to Federal laws prohibiting discrimination on the basis of race, color, national origin, sex, or handicap.
- (4) harassment of employee/student with regard to race, color, national origin, sex, or handicap is strictly prohibited.

Employer's (or representative) signature _____ date _____

TRAINEE WILL

- (1) enroll and maintain satisfactory grades in a class related to the work experience.
- (2) maintain satisfactory attendance at school and on the job.
- (3) report any change in work situation immediately to the school coordinator.
- (4) turn in work record to the school coordinator.
- (5) strive to develop good work habits.

Trainee's signature _____ date _____

PARENT/GUARDIAN WILL

- (1) assume responsibility and liability for the student during released time.
- (2) provide transportation, if necessary.

Parent/Guardian's signature _____ Home phone (____) _____
date Work phone (____) _____

COORDINATOR WILL

- (1) insure that there is related instruction and serve as consultant to all parties concerned with this training/agreement plan.
- (2) determine the amount of credit and the grade the trainee will receive.
- (3) visit the training station to evaluate the training program and to obtain a written student evaluation.

Trainee's Class Schedule

Course	1 st Semester Teacher	Room No.
1		
2		
3		
4		
5		
6		

Course	2 nd Semester Teacher	Room No.
1		
2		
3		
4		
5		
6		

7		
8		
9		
10		

7		
8		
9		
10		

SIGNATURE OF COORDINATOR _____ DATE _____ PHONE (_____) _____

WASHINGTON STATE SUPERINTENDENT OF PUBLIC INSTRUCTION
COOPERATIVE VOCATIONAL EDUCATION

STUDENT EVALUATION

TRAINEE _____ SCHOOL _____

COMPANY _____
(Name) *(Company address)*

Employer/Supervisor _____ School Coordinator _____

1 = poor 2 = fair 3 = good 4 = excellent

WORK HABITS AND ABILITIES

- 1 2 3 4 Accuracy of work
- 1 2 3 4 Punctuality
- 1 2 3 4 Attendance
- 1 2 3 4 Care of working area
- 1 2 3 4 Use of materials/equipment
- 1 2 3 4 Work produced
- 1 2 3 4 Use of time

PERSONAL ATTRIBUTES

- 1 2 3 4 Initiative
- 1 2 3 4 Relationship with fellow workers/supervisor
- 1 2 3 4 Grooming and appearance
- 1 2 3 4 Following directions
- 1 2 3 4 Confidence
- 1 2 3 4 Judgment
- 1 2 3 4 Cooperation

WHAT WORK HABITS OR ABILITIES OF THE TRAINEE NEED IMPROVEMENT? _____

IN WHAT RESPECT HAS THE TRAINEE SHOWN IMPROVEMENT? _____

ADDITIONAL REMARKS AND COMMENTS _____

Students

2410 F5
4/2

(Employer/Supervisor)

(date)