

WORK-BASED LEARNING

PROCESS REGULATIONS



WORK-BASED LEARNING

2 Main Types:

- Community Classroom (CC) Unpaid
- Cooperative Career Technical Education (CCTE – CVE) Paid



WORK-BASED LEARNING

OVERVIEW – COMMUNITY CLASSROOM

- UNPAID.
- Teacher-developed industry sites (within boundaries).
- Requires classroom instruction.
- Expands classroom competencies.
- Prepares students for entry-level employment.



WORK-BASED LEARNING

REGULATIONS GOVERNING THE SITE

- Does not provide the training site with immediate benefits.
- Does not affect training site employment.
- Does not include productive work.



WORK-BASED LEARNING

REGULATIONS GOVERNING THE TEACHER

- Maximum number of community classroom students per teacher is 30 per section.
- Maximum number of total community classroom and cooperative career technical education students per teacher is 75.
- Regular visitation.
- Regular classroom instruction.



WORK-BASED LEARNING

ROP TEACHER - PROCESS OUTLINE

1. Develop work site.
2. Obtain Signed Agreement.
3. Provide Site documentation for input to Site Database.
4. Develop Individualized Training Plan (ITP).
5. Arrange for classroom instruction.
6. Review training plan with site.
7. Send NOAH letter to notify parents.
8. Complete NOAH log, obtain Admin Verification, copy CTEp.
9. Assign student to work site (Aeries.net).
10. Visit and observe student.
11. Maintain records and documentation.
12. Obtain Student Evaluation from site.



WORK-BASED LEARNING

DOCUMENTS FOR COMMUNITY CLASSROOM

- Training Site Agreement
- Individual Training Plan (ITP)
 - Cover Sheet
 - Visitation Records (Aeries)
 - Competencies
- NOAH Notification
 - Letter
 - Log
- Student Evaluation
- Student Forms
 - Attendance
 - Emergency



SITE AGREEMENT

Sample



DISTRICT BOUNDARIES

- Teachers should only approach sites that are within their School District boundaries.
- Permission for an out-of-District site must be obtained from your Administrator BEFORE approaching the site.
- *See Policy #CCROP 2010-01*



SITE AGREEMENT

Key Points

➤ **Signatures**

- Must be signed and fully-executed by all parties.

➤ **Timing**

- Must be signed BEFORE students are placed on site.

➤ **Information**

- Site Information and contact information must be correct and current.
 - Renew after 5 years. (CTEp Policy)

➤ **Boundaries**

- Sites must be within District Boundaries.
- Permission required before approaching out-of-District sites.

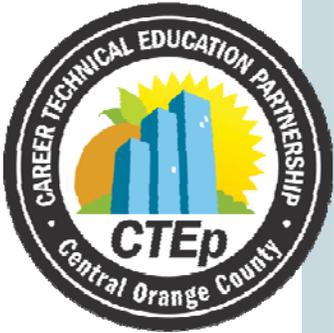
➤ **Distribution of NCR form**

- As noted on form.



ITP – COVER SHEET

Sample



ITP COVER SHEET


CENTRAL ORANGE COUNTY CTE PARTNERSHIP
INDIVIDUALIZED TRAINING PLAN
 (ITP)

SUMMER FALL SPRING YEAR: 2013 CLASSROOM DAY: (M) T W Th F S

CLASSROOM (C) COMMUNITY CLASSROOM (CC) COOPERATIVE CAREER TECHNICAL EDUCATION (CCTE)

STUDENT INFORMATION		COURSE INFORMATION	
Name	JENNIFER THOMAS	Course Title	CAREERS IN EDUCATION
Birthdate	5/12/97	Course Section #	237043
School of Residence	EL MODENA	Teacher Name	MARY JANE WELLS
Phone #	(714) 628-1314	Teacher Phone #	714-997-6331
Emergency #	(714) 628-9121	District	ORANGE

CCTE			
Training Site	Address	Supervisor	Phone
COUNTRY VILLAGES	254 ESPLANADE	TAMMY	714-633
DAYCARE	ORANGE CA 92869	NEWTON	1234

Beginning Date of Training: 1/7/13 Ending Date of Training: 6/21/13
 Training Schedule: TUES, WED, THURS On-Site Training Hours: 3:30 - 5:00 PM
 Date of Transition: _____ (From CC to CCTE) _____ (From CCTE to CC)

TITLE 5, Article 5, 10080 Definition.
 "...(c) Community Classroom Individualized Training Plan is a written document which identifies those competencies the student will acquire through vocational classroom instruction and unpaid on-the-job training experiences."

Title 5, Article 5, 10100 Definition.
 "...(c) Cooperative Career Technical Education Individualized Training Plan is a written document, which identifies those competencies the student will acquire through vocational classroom instruction and paid on-the-job experiences."



ITP – COVER SHEET

Key Points

➤ **Form:**

- Only use approved CTEp cover sheet.

➤ **Information**

- ALL sections should contain complete, accurate and up-to-date information.

➤ **Training Days and Hours**

- Training hours indicated must have a teacher/Admin of record.
- Training hours indicated should not exceed the course outline total.
- Date for beginning of training should not be before the date on the signed Agreement.
- Classroom day should be the day the student will attend class during the experience period.



ITP – SITE VISITS RECORD
(AERIES)
Sample



SITE VISITS SCREEN

Work Permit Visits											
Flag	StuNum	Last Name	First Name	Middle Name	Perm ID Num	Sex	Grd	Age	Birthdate	Prog	Track
🚩	16	Martinez	Karla		384075	F	14	21	4/28/1992		

Employer	Date Issued	Work Permit												
All Flags & Sports	10/22/2013	Employer and Name	Age/Issue	Permit Type/Description	Attendance/Grades	Comments	Issued	Expires						
		All Flags & Sports	21				10/22/2013	06/16/2014						
School in Session				School Not in Session				Hours that minor must be in school						
M-Th:	4	Fr:	8	Sat:	8	Sun:	8	Weekly Max:	48.00	Mon-Sun:	8	Weekly Max:	48.00	
Spread of Hours:				5:00 AM - 10:00 PM				Spread of Hours:				5:00 AM - 12:00 AM		
Comments:														

Work Permit Visits					
Date	Time	Code	Observed	Supervisor Name	Comment
10/22/2013					

1

DATE

2

TIME

3

OBSERVED

4

SUPERVISOR

5

COMMENT



ITP – SITE VISITS (AERIES)

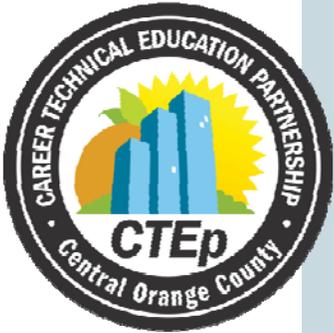
Key Points

- **Work Permit Visits Screen**
 - To be completed by ROP Teacher.
- **Date/Time**
 - Dates should reflect regularly scheduled visits.
 - Site visit once every two weeks.
- **Observed:**
 - Yes/No
 - Student observation once every two weeks.
- **Supervisor Name:**
 - Defaults to contact name on Agreement.
 - Type over if different.
- **Comments:**
 - These should reflect the Teacher's actual and meaningful observations of student performance at the work site and/or discussions with site trainer.



ITP – COMPETENCIES

Sample



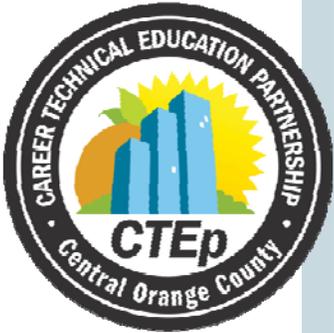
ITP COMPETENCIES

CENTRAL ORANGE COUNTY Career Technical Education Partnership										
ITP Competencies										
STUDENT NAME			JENNIFER THOMAS			TRAINING SITE		SUNFLOWER PRESCHOOL		
COURSE TITLE			CHILD CARE CAREERS - ADVANCED			SUPERVISOR		KATHY MILLER		
TEACHER NAME			MARY JANE WELLS			SITE PHONE#		714-534-3333		
<input type="checkbox"/> SUMMER <input checked="" type="checkbox"/> FALL <input type="checkbox"/> SPRING			YEAR 2013			E-MAIL ADDRESS		KMILLER@SUNFLOWER.NE		
ESTIMATED HRS						VERIFICATION				
C	CC	CCTE	COMPETENCIES			C	CC	CCTE		
4	4	4	Introduction and Orientation							
12	8	8	Career Preparation							
			Personal skill development						M	
			Effective interpersonal skills							
			Academic skills, critical thinking and problem solving							
			Demonstrate effective communication.							
			Develop job acquisition documents.							
4	6	6	Children							
			Review characteristics and development stages of various age groups.							
			Use positive guidance and discipline with children.							
2	12	12	Classroom Environments							
			Demonstrate methods of displaying children's work.							
4	8	8	Health and Safety							
			Create a file of community service resources.							
			Identify common health issues.							
			Monitor classroom for safety concerns.							
4	14	14	Outdoor Environment							
			Demonstrate supervision techniques.							
			Demonstrate role of game supervisor.							
			Plan, demonstrate and implement games.							
			Report physical hazards on the playyard.							
TITLE 5, Article 5. 10080 Definition.						KEY				
"...(b) Competency means the prescribed performance level for a skill, knowledge, and attitude necessary to accomplish a job task."						C	Classroom			
						CC	Community Classroom			
						CCTE	Cooperative CTE			



ITP COMPETENCIES

CENTRAL ORANGE COUNTY Career Technical Education Partnership											
ITP Competencies											
STUDENT NAME			JENNIFER THOMAS			TRAINING SITE			SUNFLOWER PRESCHOOL		
ESTIMATED HRS.			COMPETENCIES				VERIFICATION				
C	CC	CCTE					C√	CC√	CCTE√		
2	6	6	Parent Communication								
			Demonstrate awareness of effective parenting skills.								
			Discuss parenting problems.								
			Identify various issues concerning parents.								
			Explore and report on agencies that help teach parenting skills.								
			Develop communication skills with parents.								
2	4	4	Classroom/Office Equipment								
			Demonstrate safe usage of equipment.								
			Read and understand instruction booklets and technical manuals.								
6	8	8	Career Paths and Employment								
			Discuss how to network within child care field.								
			Discuss how to resign a position.								
			Identify opportunities for self-employment in child care services.								
			Demonstrate oral and written communication skills								
			Examine personal qualities needed for self-employment.								
60	120	120	TOTALS								
6											
FINAL VERIFICATION OF COMPETENCIES											
Teacher Name (Please Print)			MARY JANE WELLS								
Teacher Signature			<i>Mary Jane Wells</i>				9/18/13				
							Date				
Supervisor Name (Please Print)			KATHY MILLER								
Supervisor Signature			<i>Kathy Miller</i>				9/18/13				
							Date				
<p>TITLE 5, Article 5. 10087 Community Classroom Joint Venture Training and Plans.</p> <p>"... (b) The community classroom teacher, in cooperation with the management of the community classroom site, shall prepare ..."</p> <p>(4) Verification that the student has acquired the competency demonstrating a proficiency equivalent to entry-level employment...."</p>											
KEY											
C Classroom											
CC Community Classroom											
CCTE Cooperative CTE											



ITP – COMPETENCIES

Key Points

➤ **Form:**

- To be completed by ROP Teacher **ONLY**.

➤ **Competencies**

- Competencies indicated must match the course outline.
- Hours indicated must match the course outline.
- Should be individualized for the student.

➤ **Verification**

- ROP Teacher should indicate individual competency mastery in the appropriate column - CC or CVE(CCTE).
- ROP Teacher AND Site Trainer should indicate **Final Verification** of competencies of all identified competencies (signatures on final page).



***NOTIFICATION OF OFFSITE
ACTIVITIES – HOLD
HARMLESS (NOAH)***

***LETTER & LOG
Samples***



NOAH LETTER



PARENT/STUDENT NOTIFICATION OF INTERNSHIP ASSIGNMENT

Dear Parent/Student:

This is to advise you that as part of their ROP course the following student will be participating in Community Classroom instruction which will involve job-related experiences at a business training location.

1 COURSE:
Student Name: Abera, Mari **2**
School: Santa Ana HS
3 ROP Course: Marketing ROP Section: 8122
Class Days: MTWT- **4** Class Hours: 3:15:00 PM - 5:30:00 PM
Instructor Name: Ms./Mrs. Acuna **5** Phone: 714-567-4900

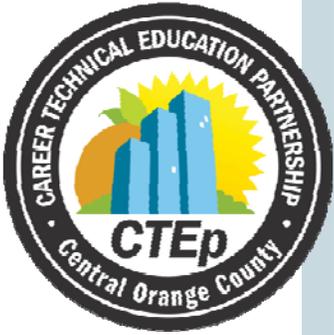
6 INTERNSHIP:
Training Period: TFRM: S 2013 05/06/2013 - 08/22/2013

Internship training hours may be different from the regularly scheduled class hours. Specific details regarding the internship site and schedule can be obtained from your child or by contacting the class instructor at the number indicated above. This information is subject to change without notice.

Student participation in this internship program is governed by the special Terms and Conditions that were indicated and previously approved by you on the CCROP Registration Form. Please refer to your copy of this form for details.

Santa Ana Unified School District

1601 S. Greenville Street
Santa Ana, CA 92704
(714)241-6598



NOTIFICATION OF OFFSITE ACTIVITIES – HOLD HARMLESS

Key Points

➤ **Form**

- Noah letters should be sent BEFORE the student starts training at the business internship site.
- Only use approved CTEp NOAH letter.
- Teacher gives letter to each participating student to take home to parent.
- No parent signature required.

➤ **Information**

- *Student, course and training information fields will be populated by information in the Aeries System.*
- *Teacher to check that ALL sections contain complete, accurate and up-to-date information.*



NOTIFICATION OF OFFSITE ACTIVITIES – HOLD HARMLESS

Key Points

➤ **Form**

- Only use approved CTEp NOAH log sheet.
- Students sign Log Sheet as receipt of notification letter.
- Teacher has completed Log Sheet verified by ROP Administrator and then filed in course folder.
- Administrator gives copy of Log Sheet to CTEp.

➤ **Information**

- ALL sections should contain complete, accurate and up-to-date information.



STUDENT EVALUATION

Sample



STUDENT EVALUATION



CENTRAL ORANGE COUNTY CTE PARTNERSHIP STUDENT EVALUATION

NAME: _____ TRAINING SITE: _____ # 2: 9/19/13
 CLASS: _____ THACHER: _____
 DISTRICT NAME: _____ 5

EVALUATION CRITERIA	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
ATTITUDE					
A. Interested in work; enthusiastic		X			
B. Accepts constructive criticism	X				
C. Courteous to staff and public	X				
DEPENDABILITY					
A. Punctuality/attends regularly (valid absences)	X				
B. Notification of absences (calls)	X				
C. Signs in and out on time card		X			
INITIATIVE					
A. Self-reliant and resourceful	X				
B. Willing to accept new assignments		X			
C. Seeks out new experiences			X		
TRAINING PERFORMANCE					
A. Completes assignments/follows instructions	X				
B. Observes site procedures and guidelines	X				
C. Efficient use of time and supplies		X			
APPEARANCE					
A. Student dresses in appropriate attire	X				
TRAINING COMPETENCIES					
A.					
B.					
C.					
D.					
E.					
F.					
Would you recommend this student for employment?	Yes	X			

COMMENTS AND SUGGESTIONS FOR STUDENT IMPROVEMENT: _____

EVALUATOR NAME: KYLE PARSONS 9 TITLE: ASSISTANT STORE MGR. 10

INSTRUCTOR COMMENTS:



STUDENT EVALUATION

Key Points

➤ **Form**

- Use District/CTEp form.
- Evaluation completed by Site Trainer.
- One for each participating student.

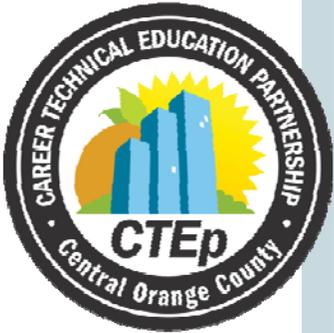
➤ **Information**

- ALL sections should have complete, accurate information.
- Signed by Site Trainer.



STUDENT ATTENDANCE

Sample



DISTRICT TIME CARDS

CENTRAL COUNTY CAREER TECHNICAL EDUCATION PARTNERSHIP
ORANGE UNIFIED SCHOOL DISTRICT

WEEKLY TIME REPORT

Community Classroom Date Due: _____
 Cooperative Vocational Education

Student Name _____
 Training Site/Employer _____
 Manager/Supervisor Name _____
 Program Title _____ Teacher _____

~~Student: This time report must be signed by your manager/employer and turned in the following~~ week to your teacher.
 Skills I practiced this week:

1. _____
 2. _____

Date								
# of Hours								
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total Hrs

Training Site Manager/Employer's Signature _____ Date Signed _____

Optional Comments: _____

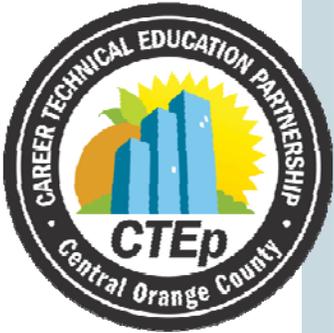
Complete in Pen

1

2

3

4



STUDENT ATTENDANCE

Key Points

➤ **Forms**

- Use ROP/DISTRICT approved forms **ONLY**.
- Student and Training Site information must be complete.

➤ **Hours**

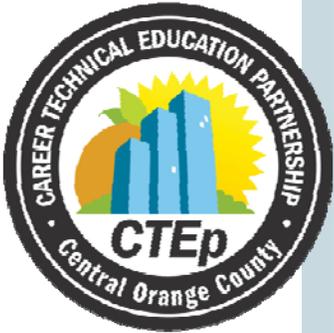
- Hours/days indicated must be within the stated training hours.
- Recorded hours should not exceed those indicated on the ITP.
- Hours indicated must reflect the actual hours/day worked.
- Minutes should be shown as actual minutes.

➤ **Verification**

- Site Supervisors must sign student time card.



***STUDENT EMERGENCY
CARD
Sample***



DISTRICT EMERGENCY CARDS

1

CENTRAL ORANGE COUNTY CTE PARTNERSHIP PROGRAM AUTHORIZATION FOR EMERGENCY TREATMENT

COURSE TITLE		CLASS TIME	HOME SCHOOL	GRADE
STUDENT	LAST NAME	FIRST NAME	BIRTHDATE	AGE
ADDRESS	STREET	CITY	ZIP CODE	SOCIAL SECURITY #
PHONE NUMBER	DISTRICT			

2

List below the name(s) of person(s) who may be contacted and to whom the student may be released. Students will not be released to other persons without parent permission:

Father/Guardian: Last Name _____ First Name _____ Employer _____ City _____ Phone # _____ Pager #/Cell # _____

Mother/Guardian: Last Name _____ First Name _____ Employer _____ City _____ Phone # _____ Pager #/Cell # _____

If the above person(s) cannot be reached, school personnel may contact and release your son/daughter to:

Relative/Friend: Name _____ Address _____ City/State/Zip # _____ Phone #/Cell # _____

Relative/Friend: Name _____ Address _____ City/State/Zip # _____ Phone #/Cell # _____

3

Should a serious illness or an accident occur and school personnel are unable to contact the parent(s) / guardian(s), permission is hereby granted for medical care to be given as required (the undersigned parent/guardian will assume responsibility for fees involved.)

YES NO

Parent/Guardian's Signature: _____ Date: _____

Family Physician: _____ Address: _____ Phone #: _____

Allergies to any drugs and/or foods _____

Any Special Medications or pertinent information _____

093005120 REV. 03/05 DISTRIBUTION: Counselor - Office; Pink - Teacher; White - Recreational Site

4

EMERGENCY MEDICAL TREATMENT LIST

- Tustin-Irvine Medical Group**
800 N. Tustin Unit A
Santa Ana, Ca 92705
(714) 285-0400

AFTER HOURS OR LIFE THREATENING SITUATIONS ONLY

- ST. JOSEPH'S HOSPITAL**
1100 Stewart Drive - Emergency Room
Orange, CA 92668
(714) 633-9111

042605120 REV. 05/04 -NCF



STUDENT EMERGENCY CARD

Key Points

➤ **Forms:**

- Use CTEp/DISTRICT approved forms **ONLY**.
- Completed by Student.
- Checked by Teacher.

➤ **Information**

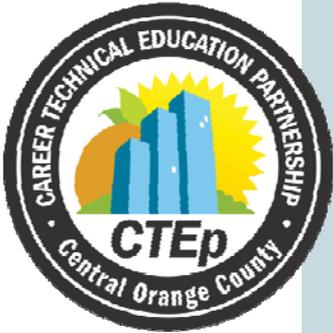
- All information should be complete, current and correct.
- Check for **updates** of assigned Medical Facilities.

➤ **Signatures**

- Parent/Guardian signature required for minors.

➤ **Distribution of NCR form**

- ROP Office, Teacher (student folder), Internship site.



WORK-BASED LEARNING

COOPERATIVE CAREER TECHNICAL EDUCATION (CCTE/CVE)

- PAID.
- In a related occupation.
- New Agreement needed for every student.
- Agreement expires at the end of each course.
- Employee performs productive work in accordance with their job description.
- Work permit needed for minors.



WORK-BASED LEARNING

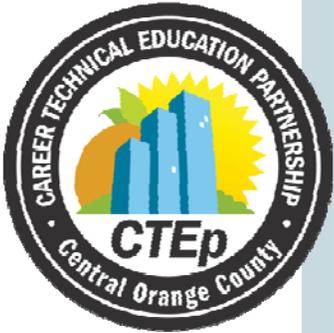
COOPERATIVE CAREER TECHNICAL EDUCATION (CCTE/CVE)

- Requires classroom instruction at least 1 hr/week.
- Regularly scheduled work at job site
 - at least 8 hours
 - Maximum of 15 hours for ADA
- Instructor visitation and observation at least once every 3 weeks. (Observe District Policy)



COOPERATIVE CAREER TECHNICAL EDUCATION

Sample



COOPERATIVE CAREER TECHNICAL EDUCATION



CENTRAL ORANGE COUNTY CTE PARTNERSHIP PROGRAM

2222 N. Broadway, 5th, 501 • Santa Ana, California 92705-1641 • TELEPHONE: (714) 966-3628

COOPERATIVE CAREER TECHNICAL EDUCATION JOINT VENTURE TRAINING AGREEMENT

1		3	
COURSE	AUTOMOTIVE + TRANS TECH III	STUDENT	BRANDON MARTINEZ
2	CODE NO. 715153	SCHOOL	4 VALLEY

The major purpose of this program is to provide valuable on-the-job type of experiences for students. This document lists the agreed upon responsibilities of the involved parties. (See reverse side for guidelines.)

THE STUDENT IS RESPONSIBLE FOR:

1. Regular and punctual attendance.
2. Task performance in accordance with the negotiated conditions of the individual training plan.
3. Ethical standards of behavior.

THE PARENT OR GUARDIAN IS RESPONSIBLE FOR:

The student's behavior and cooperation with both the school and employer in order to assure the student's successful completion of training.

CENTRAL COUNTY ROP IS RESPONSIBLE FOR:

1. Providing a teacher/coordinator to supervise the program.
2. Providing related instruction/individualized Training Plans.
3. Providing all necessary support services to the Company Supervisor.

THE EMPLOYER IS RESPONSIBLE FOR:

1. Reporting attendance as required.
2. Determining trainee hours and pay. Trainees shall be paid at least the minimum wage as stipulated by current California State Industrial Welfare Commission Orders. A work permit is required for all trainees under 18.
3. Designating the on-site supervisor who will share responsibility for the students' training and will serve as the liaison with the program.
4. Providing Worker's Compensation and appropriate insurance coverage for trainees in accordance with existing law.
5. Providing the training opportunities as negotiated in the Individualized Training Plan.
6. Assisting with student/program evaluation as required.

EMPLOYER COMPANY INFORMATION	
PLEASE PRINT CLEARLY	
Company Name	5 TOM'S TRUCK CENTER
Email Address	
Mailing Address	
City	936 E. 3RD STREET
State	SANTA ANA CA 92701
Zip	
Telephone Number	
Fax Number	
Signature	9/25/13
Date	
Print Signer's Name	STEVE BEESON

CENTRAL ORANGE COUNTY CTE PARTNERSHIP PROGRAM	
Signature	6
Date	
Student's Signature	Brandon Martinez 9/19/13
Date	
Parent or Guardian's Signature	Maria Martinez 9/19/13
Date	
Teacher/Coordinator Signature	Denny Lopez 9/19/13
Date	
ROP SITE:	
<input type="checkbox"/> Garden Grove Unified School District	
<input type="checkbox"/> Orange Unified School District	
<input checked="" type="checkbox"/> Santa Ana Unified School District	

VERSION: 01/12/11 TEL: 966-3628 FAX: 966-3628

REV 02



COOPERATIVE CAREER TECHNICAL EDUCATION

Key Points

➤ ***Forms and Signatures***

- Use current CTEp Agreement form only.
- Must be signed and fully-executed by all parties.

➤ ***Information***

- Site and contact information must be current and correct.

➤ ***Timing***

- Date of site signature must be before or at the start of the first day of reported attendance.

➤ ***Distribution of NCR form***

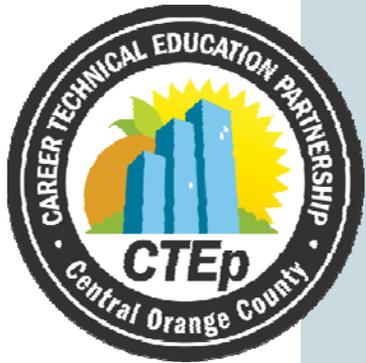
- As noted on form.



WORK-BASED LEARNING

- COMMUNITY CLASSROOM (CC)
- COOPERATIVE CAREER TECHNICAL EDUCATION (CCTE – CVE)

Check with your ROP Administration regarding specific documentation process and procedures.



WORK-BASED LEARNING

TITLE 5 REGULATIONS

(Section 8)



WORK-BASED LEARNING

****AERIES SYSTEM****

*SITE DATABASE
DOCUMENTATION*