



# Agreement

## Student Information:

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

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

## School – CareerTech Information

School & Program Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Occupation Title/Description: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Enrollment Date(month/year): \_\_\_\_\_ Estimated hours in program to date: \_\_\_\_\_

School Contact Name: \_\_\_\_\_

School Contact Email: \_\_\_\_\_

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

## Express Employment Information

Express Contact Name: \_\_\_\_\_

Express Contact Email: \_\_\_\_\_

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

## Worksite Information

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

### WBL Student under 18 (only)

Guardian Name: \_\_\_\_\_

Guardian Address: \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is the occupation identified by [USDOL as hazardous occupation](#) for employees under 18? ☐ Yes ☐ No

Does the occupation qualify for CTE or apprenticeship hazardous occupation exception? ☐ Yes ☐ No

### Work-Based Learning Planning

Does the student have a driver's license? ☐ Yes ☐ No

What Type of License does the student have? Class A ☐ Class B ☐ Class C ☐ Class D ☐

#### Transportation Plan:

How will the WBL student travel to and from the worksite each day?

*(Example: personal vehicle, carpool, public transportation, family member, school-provided transportation, etc.)*

#### Technology & Applications Required:

What technology, software, or apps will the WBL student need access to for this position?

*(Examples: computer, internet, email, Microsoft Office, industry-specific software, safety apps, time-tracking tools, etc.)*

#### Tools Required:

What tools or equipment will the WBL student need to perform their job duties?

*(Example: safety glasses, hand tools, calculator, welding helmet, measuring instruments, etc.)*

#### Learning Model:

Is this WBL experience time-based or competency-based?

- **Time-Based:** Completion is measured by hours worked.  
*If time-based, please specify the total number of hours required: \_\_\_\_\_*
- **Competency-Based:** Completion is measured by demonstration of specific skills.
- **Hybrid:** Combination of both hours and competencies.

**Related Instruction Hours:**

Please specify the number and description of instructional hours provided in each category below:

Instructional Area	Description	Hours
Safety Training	Workplace, equipment, or site-specific safety	_____
Technical Skills	Job-specific knowledge and technical instruction	_____
Employability Skills	Soft skills, teamwork, communication, etc.	_____
Total Related Instruction Hours		_____

**Competencies to Be Mastered / Targeted Experiences:**

Please list the key competencies, skills, or experiences the student will develop or demonstrate while working at your site.