

## **Work Training Program**

Vision Charter High School

What is the Work Training Program (WTP)?

- Work training is an opportunity for students at Vision to pursue career exploration and development through a variety of work-based learning experiences with local businesses.

Who participates?

- Students at Vision that are in good academic standing will be allowed to participate in the WTP.

Why is the WTP important?

- Our students, your future and current employees, need opportunities outside the classroom to learn more about career and work-life before graduating from high school and entering the workforce, receiving technical education or attending college.

For more information contact Abigail Blair at Vision Charter School:

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## Vision Charter Work-Based Learning

### Requirements

#### 1. 60 Hours

Spend a minimum of 60 hours working in a desired field of interest. The WTP supervisor must approve the placement of the student.

#### 2. Daily Journal

Maintain a DAILY journal log documenting what work was done and the time spent working.

Use the form provided or create your own. (Be sure to include all information requested on the provided form if creating your own log).

#### 3. Time Sheet

Use a company timesheet, if available, or use the journal/timesheet provided in this packet. The supervisor must sign off on the hours that are completed for the WTP.

#### 4. 3-5 Page Reflection Paper

At the end of the semester, students will need to type a 3-5 page paper; Times New Roman, double-spaced, size 12 font. This paper is for reflecting on their experience. The paper should cover the following information:

- Where were you working?
- What skills were required for your position?
- Would you pursue this career in the future? Why or why not?

#### 5. Supervisor Written Evaluation

The WTP supervisor must provide a written evaluation of your work at the end of the WTP. An evaluation form has been provided in this packet. The supervisor is free to use their own if they contact the College and Career Advisors.

## **WTP Confidentiality Agreement**

Vision Charter High School

I understand that in the course of the work training program I might have access to and be involved in the processing of verbal, written, computer-generated, computer access, filmed, and/or recorded information related to students, employees, and/or staff of Vision Charter School.

I understand that I am required to maintain the confidentiality of this direct or indirect information at all times, both during and after my WTP experience. I understand that I will not share, discuss or reveal any of this information to anyone.

I understand any breach of confidentiality may result in disciplinary action.

I certify by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information and its treatment. I agree to adhere to and uphold the private and privileged information therein.

I, \_\_\_\_\_ agree not to divulge any information regarding material, cases, names (student/parents), concerns, etc. to any party outside of group supervision. Failure to abide by this agreement will constitute violation of confidentiality and be representative of unprofessional conduct.

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

Parent/Guardian Signature for Minor Student: \_\_\_\_\_

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

Site Supervisor Signature: \_\_\_\_\_

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

WTP Coordinator Signature: \_\_\_\_\_

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

## Work-Based Learning Student Commitment

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

Supervisor: \_\_\_\_\_

Days Scheduled: \_\_\_\_\_ Hours of Day: \_\_\_\_\_

I agree to all of the following:

- 1. To undertake activities that provide a comprehensive view of the organization. Focus on the roles, responsibilities, and functions of my supervisor or department.*
- 2. To consult with my work training program coordinator on a regular basis regarding my experiences. The coordinator gives the final grade.*
- 3. To be in regular attendance and on time in my assigned WTP.*
- 4. To notify my supervisor prior to my absence.*
- 5. To notify my coordinator should an accident or illness cause me to miss my work training program.*
- 6. To notify my coordinator if any problems or concerns arise regarding the WTP.*
- 7. To conform to the regulations of the organization I am working in (dress, conduct, etc.)*
- 8. To understand that dropping this work training program after starting will result in a failing mark.*
- 9. To inform the parent(s)/guardian(s) of work training placement and experiences.*
- 10. To complete the required journal and submit the required forms at the designated time.*
- 11. To make every effort to do my best in my work training program.*
- 12. If I am driving a vehicle to my WTP site, I agree that the vehicle will be insured with at least the state-required minimum of liability insurance.*
- 13. I have read and agree with the requirements of the Vision Charter School Work Training Program.*

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Student Signature

Date

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Parent Signature

Date

Vision Charter School District Work-Based Learning  
Personal Transportation Requirements

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Student Name (Print)

Neither the district nor the school is responsible for student transportation to and from the internship site. The student's parent or guardian has sole responsibility for providing the student transportation to and from the work training program site. A student may be approved to drive themselves to the WTP site by the school site coordinator upon receiving proof that the student or the student's parent(s)/guardian(s) carries all automobile insurance required by state law.

Students authorized to drive themselves to and from the WTP site are prohibited from transporting other students.

I have read the Personal Transportation Requirements as described above and understand it is my responsibility to provide appropriate transportation for my student to and from their WTP site. My signature below further verifies that all automobile insurance required by state law is in effect for this transportation.

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Parent/Guardian Signature

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Date

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Adult Student Signature (if applicable)

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Date

Work Training Program Journal and Time Card  
Vision Charter School

Name: \_\_\_\_\_ WTP Site: \_\_\_\_\_

Date	Hours	Description of Work

Supervisor Signature: \_\_\_\_\_

## Work Training Performance Evaluation

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Job Performance

Evaluation Item	Rating				
1. General Quality of Work	1	2	3	4	5
2. Dependability	1	2	3	4	5
3. Job Knowledge	1	2	3	4	5
4. Communication Skills	1	2	3	4	5
5. Personality	1	2	3	4	5
6. Contribution to Group	1	2	3	4	5
7. Productivity	1	2	3	4	5
8. Achievement of Goals	1	2	3	4	5
9. Management Ability	1	2	3	4	5
10. Other: _____	1	2	3	4	5

5 Excellent
4 Very Good
3 Good
2 Fair
1 Poor

### Performance Summary

1. What are the student's strongest points?

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2. What are the points the student needs to improve on?

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3. What additional skills would be beneficial for the student?

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