

Work Experience and Career Exploration Program (WECEP)



Continuation Guidelines

Fiscal Year 2012

**Illinois State Board of Education
Career and Technical Education Division
100 North First Street, N-240
Springfield, IL 62777-0001
217/782-4620**

March 2011

ILLINOIS STATE BOARD OF EDUCATION
Career and Technical Education Division
100 North First Street, N-240
Springfield, Illinois 62777-0001

**Work Experience and Career Exploration Program Continuation Guidelines
Fiscal Year 2012**

The Work Experience and Career Exploration Program (WECEP) continuation guidelines will continue to use a combination of the ISBE electronic Grant Management System (eGMS) available through the ISBE Web Application Security (IWAS) system and the previous paper process to renew the grants for FY 2012 (July 1, 2011 to June 30, 2012).

WECEP Continuation Guidelines - An outline of the two part process for the WECEP continuation guidelines is indicated below:

I. WECEP guidelines available under eGMS/IWAS – this part of the guidelines is web-based through the ISBE IWAS and must be completed using the following WECEP sections:

1. Applicant Information
2. Program Specific Pages – Work Plan Outline & Local Budget Worksheet
4. Budget Pages - Detail, Budget & Payment Schedule
5. Assurance Pages

Note: Notification will be provided via e-mail to the participating WECEP districts when the application is accessible in eGMS/IWAS for FY11.

II. WECEP guidelines continuing as a paper process - this part of the guidelines is unchanged from the previous year's requirements and will need to be submitted separately to ISBE in paper form as in the past. In completion of the FY11 WECEP Continuation Guidelines, each program must provide the following information to ISBE:

- ✓ Course syllabus - A copy of the course syllabus for the related class.
- ✓ Training Memorandums - A copy of a sample training memorandum.
- ✓ 2000 Hours of Work Experience - Documentation of the 2000 hours of employment experience for the teacher/coordinator. Documentation on employer letterhead and/or notarized self-documentation. The teacher/coordinator must have a valid Illinois teaching certificate for the grade(s) served.
- ✓ Two Coop Classes – Transcripts documenting passing the two coop classes (6 hours total) that are required to be a Cooperative Education Coordinator. The teacher/coordinator must have a valid Illinois teaching certificate for the grade(s) served.
- ✓ Student Selection and Enrollment - An outline of the student selection and enrollment process.
- ✓ Private Sector Training Sites - A list of the Private Sector Training Sites (sample form provided).

WECEP Reporting Requirements – For information purposes, the six (6) United States Dept. of Labor (DOL) WECEP Annual Reporting Requirements are identified in the attached memo from Mark Williams, Division Administrator. The DOL reporting requirements are unchanged from those previously sent.



Illinois State Board of Education

100 North First Street • Springfield, Illinois 62777-0001

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REQUIREMENTS CURRENTLY IN EFFECT

February 27, 2009

TO: Work Experience and Career Exploration Program (WECEP) Superintendents, Project Directors and Teacher/Coordinators

FROM: Mark Williams, Division Administrator
Career Development and Preparation Division

RE: WECEP Reporting Requirements to fulfill United States Dept. of Labor Requirements – Federal Register 29 C.F.R. Section 570.35(a).

As you know, the Illinois State Board of Education (ISBE) receives written authorization from the United States Department of Labor (USDOL), Wage and Hour Division to administer the school-supervised WECEP program in Illinois. The authorization requires the participating Illinois WECEP districts to submit information relating to student eligibility, credits, class size, instructional schedule, teacher-coordinator and training agreements to the ISBE. These reporting requirements are due at the end of each semester (by January 15 and June 15 of each year) to ISBE.

The attached documents explain the reporting procedures necessary to fulfill these USDOL requirements. As in the past, the majority of information can be collected using the Illinois Student Information System (ISIS). However, the 'Instructional Schedule' and the 'Training Memorandums' for each WECEP student will need to be collected externally from the ISIS system and submitted to ISBE.

Please submit by the end of each semester (by January 15 and June 15 of each year), the ISIS information to your regional Education for Employment (EFE) ISIS coordinator and the requested paper and/or electronic copies to ISBE.

We appreciate your continued efforts to administer the WECEP program to your students.

Please feel free to contact Scott Edgar of the Career Development and Preparation Division for questions at 217/782-4620, or email sedgar@isbe.net.

Thank you for your cooperation.

Attachments

ILLINOIS STATE BOARD OF EDUCATION
Career Development and Preparation Division
100 North First Street, E-240
Springfield, IL 62777-0001

WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM (WECEP) ANNUAL REPORTING REQUIREMENTS

Required reporting to fulfill United States Department of Labor (USDOL), Wage and Hour Division Requirements – Federal Register 29 C.F.R., Section 570.35(a) – **due at the end of each school semester (by January 15 and June 15 of each year) to ISBE.** Effective Fiscal Year 2007.

WECEP Grantee:

Directions: Please complete and submit the following:

1. **Eligibility Requirement** – a list of each student enrolled and his or her date of birth.
2. **Credits Requirement** – a list of all credits earned by WECEP enrollees for classroom instruction and work related activities, and their grade point averages.
3. **Teacher-Coordinator Requirement** – a list identifying each teacher-coordinator and the number of students in each unit.

*Action required – Complete a Student Report Form (Attachment 1) for each student to the ISIS coordinator for the above three requirements.
4. **Instructional Schedule:**
 - A. **Classes Requirement** – a list of the classes in which each WECEP student was enrolled during the year(s) the program was approved.

*Action required – Complete a Student Instructional Schedule (Attachment 2) or the equivalent as indicated in the sample for each student. Please submit to ISBE.
 - B. **Employability Skills Requirement** – a list of all regularly-scheduled classroom instruction that was devoted to job-related employability skills.

*Action required – None required unless programs in addition to WECEP are offered to students. If applicable, please submit to ISBE.
5. **Size Requirement** – a list of the number of students in each unit with an explanation of any unit that has more than 25 students. If applicable, please submit to ISBE.

*Action required – Complete a Class Size Explanation (Attachment 3) if more than 25 students were enrolled at one time during the semester class.
6. **Training Agreement** – a copy of each specific training agreement.

*Action required – Complete a Training Memorandum, Cooperative Occupational Education (Attachment 4) for each student. Please submit to ISBE.

**WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM (WECEP)
 Student Report Form for ISIS**

STUDENT INFORMATION FILE FOLDER

1. Reporting School ID	10. Home School ID
2. Reporting School Name	11. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Student ID	12. Social Security Number
4. Last Name	13. Racial/Ethnicity <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Asian/Pacific islander <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial
5. First Name	14. Enrollment Status
6. Middle Initial	15. Grade Level
7. Address	16. Birthdate
8. City, State, Zip Code	17. Individual Career Plan (ICP) YES
9. Telephone (Include Area Code)	18. Career Interest Area (Choose one from six categories)

SPECIAL POPULATION SCREEN (ADD other codes if applicable)

1. Special Population Code AD (individuals who are academically disadvantaged)
2. Service Codes
3. Activity Codes

ENROLLMENT/WBL FILE FOLDER

1. Local Course ID	6. CIP Course Code 59.0109
2. Local Course Description	7. WBL Codes (*ADD other codes if applicable) B2 (Paid/Related/School Year/Coop)
3. Local Course Section	
4. Number of Semesters to Complete Course	8. Semester Attended <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Both
5. Credits/Semester	9. Teacher/Coordinator Name

WECEP DATA SCREEN - DETAILED DATA

1. Fiscal Year	
2. Fall Semester	3. Spring Semester
A. Total Attendance	A. Total Attendance
B. Total Hours Worked	B. Total Hours Worked
C. Total Wages	C. Total Wages
D. Overall Grade Point Average (GPA)	D. Overall Grade Point Average (GPA)

**WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM (WECEP)
 STUDENT INSTRUCTIONAL SCHEDULE**

Directions: The U. S. Department of Labor requires each participating Illinois WECEP program to annually submit an "Instructional Schedule – a list of the classes in which each WECEP student was enrolled during the year(s) the program was approve". This list should be submitted as a paper copy or an electronic copy at the end of each school semester (by January 15 and June 15 of each year) to ISBE. The following information is required for reporting.

DATE SUBMITTED	SCHOOL YEAR	SEMESTER
DISTRICT NAME AND NUMBER	SUPERINTENDENT/AUTHORIZED OFFICIAL NAME	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE NUMBER (Include Area Code)	
	E-MAIL	

WECEP STUDENT NAME	COMPLETE LIST OF CLASSES TAKEN THROUGHOUT SCHOOL YEAR
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

WECEP STUDENT NAME	COMPLETE LIST OF CLASSES TAKEN THROUGHOUT SCHOOL YEAR
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
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34.	
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36.	
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39.	
40.	

**WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM (WECEP)
 CLASS SIZE EXPLANATION**

Directions: The U. S. Department of Labor requires each participating Illinois WECEP program to annually submit an "explanation of any unit that has more than 25 students." This list should be submitted as a paper copy or an electronic copy at the end of each school semester (by January 15 and June 15 of each year) to ISBE. The following information is required for reporting.

DATE SUBMITTED	SCHOOL YEAR	SEMESTER
DISTRICT NAME AND NUMBER	SUPERINTENDENT/AUTHORIZED OFFICIAL NAME	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE NUMBER (Include Area Code)	
	E-MAIL	

Explanation as to why the district WECEP class has more than 25 students enrolled at one time during the semester class:

WECEP STUDENT NAME	
1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	32.

TRAINING MEMORANDUM
Cooperative Occupational Education

INSTRUCTIONS: Complete 3 copies (1st copy for employer's files; 2nd copy for teacher-coordinator; 3rd copy for State files).

NAME OF PROGRAM		DISTRICT NAME AND NUMBER		
SCHOOL NAME		STUDENT		
COMPANY NAME		DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
ADDRESS		JOB TITLE		CIP CODE
TYPE OF BUSINESS	TELEPHONE (Include Area Code)	HOURS THAT SCHOOL IS IN SESSION _____ to _____		DURATION OF COURSE TRAINING
WORKING HOURS Daily _____ to _____ Saturday or Sunday _____ to _____		HOURLY WAGE	EMPLOYMENT CERTIFICATE (WORK PERMIT) OR CERTIFICATE OF AGE ON FILE <input type="checkbox"/> Yes <input type="checkbox"/> No	

In order to carry on program, it is advisable that all parties concerned agree to the following responsibilities:

EMPLOYER'S RESPONSIBILITIES

The student will be placed on the above named job for the purpose of providing work experience and career exploration and will be given work of instructional value. (A list of work experiences and information topics should be prepared by the employer and coordinator).

The student's work activity will be under the close supervision of an experienced and qualified person. The work will be performed under safe and hazard free conditions.

The student will receive the same consideration given employees in regard to safety, health, social security, general work conditions, and other regulations of the firm.

The Coordinator will be notified if difficulties arise, changes are necessary, a lay-off or termination of employment seems likely to happen.

COORDINATOR'S RESPONSIBILITIES

The Coordinator will, with the assistance of the employer or someone with delegated authority, prepare a training plan or outline of processes to be learned on-the-job and related topics to be taught in the school. These items to be listed on reverse side of this memorandum.

The Coordinator will make provision for all cooperative students to receive the regularly scheduled related instruction.

The Coordinator will visit each student at least once per month at the work station and will become acquainted with the person to whom the student is responsible while on the job.

The Coordinator will endeavor to adjust all complaints with the cooperation of all parties concerned, and will have the authority to transfer or withdraw a student.

The Coordinator will make plans to meet with each student's parent or guardian several times during the school year.

STUDENT'S RESPONSIBILITIES

The student will follow the rules set up by the school, employer, and coordinator.

The student will call the school office and the employer when absent.

The student will not be allowed to work on days when absent from school.

PARENT'S OR GUARDIAN'S RESPONSIBILITIES

The (parents) or (guardians) agree to assume the responsibility to see that the student follows this agreement.

It shall be agreed that parties participating in this program will not discriminate in employment opportunities on the basis of race, color, gender, national origin or handicap.

 Date Signature of Student Date Signature of Employer

 Date Signature of Parent (or Guardian) Date Signature of Teacher Coordinator

