ILLINOIS STATE BOARD OF EDUCATION
Career Development Division
100 North First Street
Springfield, Illinois 62777-0001

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

SCHOOL	DISTRICT		CITY
STUDENT	DATE OF BIRTH / /	AGE	SOCIAL SECURITY NUMBER
COMPANY NAME	ADDRESS		PHONE
TYPE OF BUSINESS	JOB TITLE		CIP CODE

HOURS THAT SCHOOL IS IN SESSION

_____ **to** _____

WORKING HOURS

(Daily) _____ **to** _____ **(Saturday or Sunday)** _____ **to** _____ **(Wages Per Hour)**_____

DURATION OF COURSE TRAINING	EMPLOYMENT CERTIFICATE (WORK PERMIT) OR CERTIFICATE OF AGE ON FILE
	☐ **Yes** ☐ **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*

TRAINING OUTLINE

JOB EXPERIENCES *THE EMPLOYER* MAY GIVE THE TRAINEE:	RELATED INFORMATION *THE COORDINATOR* MAY TEACH THE STUDENT:

Individual study references available:

TRAINING STATION	CLASSROOM
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

COMPLETE ONLY FOR ADDED COST

It is agreed that a maximum of $_____ be authorized as compensation for the extraordinary cost associated with the training and supervision necessary for the work experience portion of the program.

NAME OF TRAINER(S)