

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	STUDENT I.D. 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

