

Training Plan Agreement
Unpaid Work-Based Instruction

Student _____ Grade _____ Age _____

School District _____ Campus Name _____

Training Objective _____ Business Name _____

Career Cluster _____ CTE Course Title _____

Time Class Meets _____ PEIMS Code _____

The student agrees to diligently perform the work-based training experiences and conscientiously pursue the coordinated classroom course of study as outlined in this training plan. Work-based training experiences will be assigned by the training sponsor and performed according to the same company policies and regulations applicable to regular employees. The student agrees to take advantage of every opportunity to improve his or her efficiency, knowledge, and personal traits in order to pursue further education and enter the chosen occupation as a desirable employee.

The company and school are responsible for providing the student with opportunities for training in the basic skills of an occupation and knowledge of related technical information. In order to provide a systematic plan for well-rounded training, a schedule of work-based training experiences and a parallel classroom course of study have been coordinated and agreed upon by the training sponsor and CTE teacher.

It is understood that the work-based training experiences will be unpaid. In order to qualify for an exemption from wage requirements, all six of the following criteria must be met: 1) training, even though it includes actual operation of the facilities of the employer, is similar to that which would be given in a career and technical education program; 2) training is for the benefit of the student 3) the student does not displace regular employees but works under their close supervision; 4) the training sponsor derives no immediate advantages from the activities of the student and on occasion operations may actually be impeded; 5) the student is not necessarily entitled to a job at the conclusion of the training period; and 6) the training sponsor and the student understand that the student is not entitled to wages for the time spent in training.

The training period begins the _____ day of _____, 20____, and extends through _____, _____.

There will be a probationary period of _____ days during which the interested parties may determine if the student has made a wise choice of an occupational training area, and if the training should be continued. This plan may be terminated for just cause by either party without recourse.

Is the training objective listed considered to be a hazardous occupation by the U. S. Department of Labor, Employment Standards Administration and the Wage and Hour Division: Yes ____ No ____

If yes, any exemption(s) for student-learners or apprentices will apply as described in the *Youth Employment Provisions for Nonagricultural Occupations Under the Fair Labor Standards Act - Child Labor Bulletin 101* or *Child Labor Requirements in Agricultural Occupations - Child Labor Bulletin 102*. Current information for exemptions is available from the U. S. Department of Labor in the Wage and Hour Division or its website at <http://www.dol.gov/whd>.

It is the policy of _____ School District and _____ (business name) not to discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: title, address, telephone number, email.

Es norma de _____ Distrito Escolar y _____ (Nombre del Negocio) no discriminar por motivos de raza, color, origen nacional, sexo, discapacidad o edad en sus programas o actividades y brinda igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. La siguiente persona ha sido designada para manejar consultas sobre las políticas de no discriminación: título, dirección, número de teléfono, correo electrónico.

Signature Approvals

(Student) Date

(Training Sponsor) Date

(Parent or Guardian) Date

(CTE Teacher) Date

Note: Each party to this agreement should receive a signed copy. Keep the original or a copy with the student's permanent record.

Description of Specific and Related Occupational Training

In the section below labeled *Texas Essential Knowledge and Skills (TEKS) for Training Objective*, insert the knowledge and skill statements from the related CTE course.¹ The *Advanced Occupationally Specific Essential Knowledge and Skills* section is available to add specific training opportunities otherwise not identified in the TEKS. **NOTE:** Add rows as needed.

| Texas Essential Knowledge and Skills (TEKS) for Training Objective | Work-Based Instruction | Individualized Class Study | Specific Related Study Assignments |
|--|------------------------|----------------------------|------------------------------------|
| <i>[Add knowledge and skill statements from the TEKS here. Student expectations are not necessary to list here.]</i> | | | |
| Advanced Occupationally Specific Knowledge and Skills | Work-Based Instruction | Individualized Class Study | Specific Related Study Assignments |
| <i>[Add knowledge and skill statements developed from collaboration among the student, CTE teacher, and training sponsor.]</i> | | | |
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NOTE: This form is intended as a template; the user may modify as needed. Updated 11/2022