



WORK-BASED LEARNING APPLICATION

Contact Information:

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**Approved by the Beacon Academy of Nevada Governing Board on
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Background

The Beacon Academy of Nevada Governing Board submits this application to the Nevada Department of Education as the official application to establish a Work-Based Learning (WBL) Program in accordance with NRS 389.167.

The WBL Program in the Beacon Academy of Nevada (BANV) is described as an educational strategy to provide students the opportunity to connect classroom learning to business and industry experiences. In addition, this program is designed to improve student engagement and prevent students from dropping out of school since the majority of students are credit deficient. The intent is to help motivate students to complete high school with concrete plans for the future.

Fields, Trades and Occupations Offered Through WBL

BANV Work-based Learning Coordinator will administer a Career Interest Survey to Beacon Academy alternative education students between the ages of 16-22 years of age. The results of the survey will be used to develop a high school graduation plan including post-high school options. Students will be assisted in obtaining internships, job-shadowing, or work experience in areas of identified interests. The work-based learning program coordinator will assist in the alignment of the academic plan, career choice, employment opportunities, and career preparation and credentials.

BANV partners with ResCare Workforce Services under the Workforce Innovation Opportunity Act (WIOA) to provide employment services to youth ages 16-22. The majority of Beacon Academy students reside in Central and South Las Vegas and may therefore be eligible to Southern Nevada Partnership for Homeless Youth, ResCare and One-Stop Career Center services and/or programs.

BANV also partners with Nevada JobConnect. Nevada JobConnect is a source for education and training resources. With information on apprenticeship programs, approved training providers, disabled worker training resources, student training resources, colleges, universities and technical schools, and more, Nevada Job Connect can assist in helping to find the education and training necessary to ensure that students are prepared to enter the workforce.

Student Qualifications for Participation in WBL Program

The qualifications for applying to the program include, meeting attendance expectations, credit attainment expectations for minimum graduation standards, and meeting behavioral expectations.

Work-Based Learning Applications and Forms

Select the hyperlink below to access the form or application

[Work-Based Learning Program Application](#)

[Part 1. Student Application](#)

[Part 2. Administrator, Teacher, or Counselor Recommendation Form](#)

[Part 3. Student Agreement and Consent Form](#)

[WBL Program Participation Consent Form](#)

[Student Work Performance Evaluation Form](#)

[Student Self- Evaluation Form](#)

[Nevada Employer Host Vetting Rubric](#)

BEACON ACADEMY OF NEVADA WORK-BASED LEARNING PROGRAM APPLICATION

Part 1: Student Application

Respond to the prompts shared below in the column on the left	Please write your responses in the space below.
Student Name:	
Student I. D #:	
Date of Birth:	
Address:	
City:	
Zip Code:	
Current Grade:	
Graduation Year:	
Student Primary Phone Number	
Student's Primary Email:	
Parent/Legal Guardian Name:	
Parent/Guardian Primary Phone Number #:	
Student's Primary Email:	

1. Have you decided upon a career? Yes No
 - a. If yes, what career?

2. Are you currently employed? Yes No If yes, please complete the following questions.
- a. Current Place of Employment: _____
 - b. Phone Number: _____
 - c. Address: _____
 - d. Supervisor's Name: _____
3. Is your current job in a career field you wish to pursue? Yes No
4. Do you plan to keep this job? Yes No
5. If no, what type of job placements interests you? _____
-
6. Your job must be program related and must be approved by the coordinator.
- a. 1st choice: _____
 - b. 2nd choice: _____
7. List previous work experience below:
- a. Company Name: _____
 - b. Dates Worked: _____
 - c. Primary Duties: _____
 - d. Supervisor Name: _____
8. List previous work experience below:
- a. Company Name: _____
 - b. Dates Worked: _____
 - c. Primary Duties: _____
 - d. Supervisor Name: _____
9. Do you currently have a valid driver's license? Yes No
10. If no, how do you plan to get to work? _____
11. Outline your plans for post-secondary education or training:
- _____
- _____

12. Where would you like to go to college or receive training?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

13. What will be your major concentration of study?

- a. _____
- b. _____
- c. _____

14. List any courses or training you have completed which will aid in evaluating your qualifications for a ***Beacon Academy of Nevada Work-Based Learning Program***. For example, if you are pursuing a career in the medical field, which science courses have you taken? If you are pursuing a career in a business field, which business courses have you taken? To be considered for apprenticeship, you must have 2 semesters (.10 credit hours) of related coursework.

15. Submit one (1) recommendation from a teacher, a counselor, or a school administrator with this application.

*It is the policy of Beacon Academy of Nevada not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity or service. If you wish to request an accommodation or modification or to make a complaint due to discrimination in any program, activity or service, contact: **Beacon Academy of Nevada 7360 W. Flamingo Road Las Vegas, NV 89147***

Part 2: Administrator/Teacher/Counselor Recommendation Form

Directions: Please ask a member of the Beacon Academy Staff to complete the Recommendation Form on your behalf. The staff member will return the form to the College & Career Advisor.

Student Name: _____

Name of Staff Member completing the form: _____

Consider the following when determining if the student is a good candidate for the Work-Based Learning Program:

- Will the student positively represent Beacon Academy in the community?
- Does the student attend school regularly, achieve academic progress weekly, and attain credits towards graduation?
- Is the student organized, self-motivated, and do you believe the student has the ability to successfully meet the requirements for school and employment?

Please rate the student by placing a (X) in the appropriate box in each row:

	Not observed	Below Average	Average	Above Average	Excellent Top 10%
Responsibility					
Attitude					
Personal Initiative/Effort					
Leadership					
Attendance					
Punctuality					
Interaction with Others					
Personal Character					
Communication Skills					
Overall Work Ethic					

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Based on your interactions with the student how well do you anticipate the student performing?

Do you recommend this student for the WBL Program? (circle one) Yes No

Administrator, Teacher or Counselor Signature _____

Part 3: Student Agreement and Consent Form

I, _____ (Student Name) understand that I must meet the required qualifications for eligibility in the WBL program. I also understand that the I must be accepted into the program and that submitting a complete application does not mean automatic acceptance into the program.

A complete WBL Application includes the following:

1. Student Application (Submission of Parts 1 – 3)
2. Copy of Driver’s License (if available)
3. An interview with the Work-based Learning Coordinator to determine a match between the student’s career goals, employment opportunity, and the student’s academic history.

If admitted to the WBL program, the student and the parent/guardian agree to the following conditions:

- If the semester begins before the student has been placed in the WBL program, he or she may be required to request a schedule change and be enrolled in an additional class.
- Students may be required by their employer to work holidays, weekends, etc.
- If a period of unemployment occurs within or at the end of a semester, the student will agree to complete their WBL hours under the direction of the Work-based Learning Coordinator.
- If the student loses his/her driver’s license, other transportation will be the responsibility of the student and/or family. Continuation of work is necessary to complete the required number of hours for credit.
- Students who complete the required number of hours for school credit are not be permitted to leave the WBL program until the end of the school term.
- Students may be required to sign a confidentiality agreement. Prior to taking photographs or using employer forms, reports, etc. as samples for your portfolio, permission must be obtained. Any breach of confidentiality required by your employer or any other offense that results in your termination will, in turn, result in the loss of your work-based learning credit.
- The WBL experience will not exceed 25 hours per week.

The student and Parent/Guardian acknowledge understanding of the afore mentioned conditions and agree that this student is permitted to apply to Beacon Academy of Nevada Work-Based Learning Program. If the student is accepted, he/she will abide by all conditions for participation in the program.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

WBL Program Participation Consent Form

Work-Based Learning Consent: I understand that my child (print name on the line) _____ is enrolled in the Work-Based Learning (WBL) Program.

Transportation Consent: (School-provided transportation is not available to work sites.) I hereby give my son/daughter/ward permission to drive or use public transportation to their designated work site. I expressly release the work-based learning program work site, and the Beacon Academy of Nevada and any agents of the employer or the school system from any liability that may result from my son/daughter/ward's use of his/her individual transportation.

Field Trip/Class Projects: Permission is granted for my son/daughter/ward to participate in field trips and class projects during the session(s) he/she attends Beacon Academy of Nevada. Public transportation such as bus passes may be provided by Beacon Academy of Nevada. A Field Trip Permission Form requiring signature is required and will include the destination and purpose of the field trip along with the departure and return date information.

Student Record Release: I authorize Beacon Academy of Nevada to release my son/daughter/ward's academic and attendance records to any potential employer and I agree that the Beacon Academy of Nevada and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the College & Career Advisor. I acknowledge that my child's grades are visible on the Parent Portal.

Background check: If required for employment, I authorize a prospective work-based learning employer to conduct a background check including criminal history, employment history and education history as a condition of my son's, daughter's or ward's employment.

Insurance: Student is or is not covered by medical insurance. Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. I hereby consent to required drug screening of my child or ward as a condition of employment and subsequent drug screens as dictated by the company's drug policy.

Some employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company required physical examination and/or company required vaccinations as a condition of my son's, daughter's or ward's employment.

HAVING READ WITH UNDERSTANDING THE ABOVE, I HEREBY GIVE MY CONSENT TO THE ENROLLMENT OF MY SON/DAUGHTER/WARD IN A WORK-BASED LEARNING PROGRAM

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

School Use Only ~ Do Not Write Below This Line

Applicant Name: _____

Desired WBL Placement:

- Employment
- Paid Internship
- Non-paid Internship

Status of Application:

- Approved
- Pending/Postponed
- Recommend to another program

Notes:

Anticipated Start Date: _____

Student Work Performance Evaluation Form

We appreciate you/your company for providing Beacon Academy of Nevada students the opportunity to participate in the Work-Based Learning Program. We hope that this has been a mutually beneficial experience. Thank you in advance completing this evaluation form and providing feedback on [student name] performance.

Please complete the information below:

Name of supervisor completing the form: _____

Title of Supervisor: _____

Name of Company/Employer: _____

Supervisor's Phone Number: _____

Supervisor's Email Address: _____

Employee (Student) Name: _____

Start Date: _____ End Date: _____

Supervisor signature: _____ Date: _____

Please complete the form on the next page and write comments or feedback in the space below:

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Rate employee on a scale of 1 -5	Excellent	Good	Average	Fair	Poor
Professional Demeanor					
Reports to work when scheduled	5	4	3	2	1
Arrives to work on time	5	4	3	2	1
Arranges for lateness or time off in advance	5	4	3	2	1
Is appropriately dressed	5	4	3	2	1
Knowledge of Job					
Grasps instructions quickly	5	4	3	2	1
Desires to increase knowledge of job	5	4	3	2	1
Is willing to ask questions	5	4	3	2	1
Quality of Work					
Produces work that is accurate and neat	5	4	3	2	1
Shows thoroughness in work	5	4	3	2	1
Uses time efficiently	5	4	3	2	1
Is able to set priorities	5	4	3	2	1
Attitude					
Shows initiative	5	4	3	2	1
Is enthusiastic about work	5	4	3	2	1
Is willing to work with, and for, others	5	4	3	2	1
Accepts suggestions/criticisms	5	4	3	2	1
Asks for additional work when tasks are complete	5	4	3	2	1
Judgment, Reliability, Adaptability					
Is able to think independently	5	4	3	2	1

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Makes good decisions	5	4	3	2	1
Is able to work under pressure	5	4	3	2	1
Meets deadlines	5	4	3	2	1
Is adaptable in the work place	5	4	3	2	1
Human Relations					
Cooperates with supervisors and co-workers	5	4	3	2	1
Is courteous and friendly	5	4	3	2	1
Controls emotions	5	4	3	2	1
Speaks well and uses good word choice	5	4	3	2	1
Problem Solving					
Able to recognize problems when they arise	5	4	3	2	1
Uses available resources to solve problems	5	4	3	2	1
Seeks supervisory help when appropriate	5	4	3	2	1
Overall Rating of Student Performance	5	4	3	2	1

Student Self-Evaluation Form

Student Name: _____ **Student ID Number:** _____

Name of Company/Employer: _____

Name and Title of Supervisor: _____

Supervisor's Phone Number: _____

Supervisor's Email Address: _____

Start Date: _____ **End Date:** _____

Please *respond to the questions listed below:*

1. What did you learn from your WBL experience?
2. What did you like most and least about your experience?
3. Do you agree with the outcome of your performance evaluation? Why or why not?
4. How did your experience in the WBL Program change your future career goals?
5. What skills (technical, communication, knowledge) improved as a result of your WBL experience?
6. What recommendations do you have to improve the WBL Program?
7. What did you learn from your experience in the WBL Program that you would like to share with new students entering the WBL Program?
8. Would you recommend the WBL Program to your friends? Why or Why not?

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On a scale of 1 -5, circle the number to rate your WBL experience	Excellent	Good	Average	Fair	Poor
Gained practical experience	5	4	3	2	1
Developed professional skills	5	4	3	2	1
Gained self-confidence	5	4	3	2	1
Improved my ability to communicate with others verbally. (Phone, face-to-face, etc.)	5	4	3	2	1
Improved my ability to communicate with others through writing/email etc.	5	4	3	2	1
Improved my skills when working with coworkers	5	4	3	2	1
Practiced leadership skills	5	4	3	2	1
Developed my ability to work with people from all age groups	5	4	3	2	1
Developed my ability to work with people from diverse racial/cultural groups	5	4	3	2	1
Learned more about my area of specialization/interests	5	4	3	2	1
Learned about other aspects of the business	5	4	3	2	1
Improved my business skills and practices	5	4	3	2	1
Developed my ability to collaborate and respect differing opinions	5	4	3	2	1
Practiced problem solving	5	4	3	2	1
Motivated me to continue learning and growing in my chosen profession	5	4	3	2	1

Student's signature: _____ **Date:** _____

NEVADA EMPLOYER HOST VETTING RUBRIC

Date: _____
Contact Name: _____ Phone: _____
Company Name: _____ Email: _____
Address: _____

Type(s) of WBL available:

- Industry Tour c Job Shadowing
- Internship (paid or unpaid)
- CTE Work Experience (paid)
- Pre-apprenticeship
- Registered Apprenticeship
- Educator Externship

Nevada Industry Sector:

- Aerospace and Defense c Mining and Materials
- Construction c Natural Resources
- Health Care and Medical Services c Tourism, Gaming and Entertainment
- Information Technology Other:
- Manufacturing and Logistics

Type(s) of job(s) available: _____

Are there any requirements to participation? (ID, CPR, background check, etc.):

- Yes No If Yes, name: _____

CRITERIA: All criteria must be in place to approve an employer host.

Site is not a home based business and has more than one employee

- Yes
- No

Environment is culturally diverse and appropriate for students

- Yes
- No

Environment appears safe and safety appears to be a priority with policies in

- Yes
- No

Sexual harassment and whistle blower policies are in place and practiced

- Yes
- No

Employer host agrees to follow a training plan and agreement (if applicable)

- Yes
- No

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Employer host will designate a supervisor for the student

Yes

No

Facility is accessible to students

Yes

No

Employer host agrees to evaluate the student and program

Yes

No

If a paid experience, student will be compensated and covered under worker compensation like other employees in the same job

Yes

No