

# **Work-Based Learning (WBL) Application Cover**

District: Coral Academy of Science LV

Contact Name: Wendy Hopper,  
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Date Approved by Board: 4/6/19

## **WORK-BASED FIELDS/OCCUPATIONS WHERE WBL WILL BE OFFERED**

Work-Based Learning will be offered in the following occupations:

Business Management & Administration:

- Administrative Support
- Business Information Management
- General management

Finance:

- Accounting
- Banking Services
- Business Finance

Human Services:

- Consumer Services
- Counseling & Mental Health Services

Information Technology

- Information Support & Services
- Programming & software development
- Web & digital communications

Marketing

- Marketing Communications
- Marketing Management
- Marketing Research
- Merchandising
- Professional Sales

Science, Technology, Engineering & Mathematics

- Engineering & Technology
- Science & Mathematics

## **STUDENT QUALIFICATIONS FOR PARTICIPATION IN WBL PROGRAM**

1. Not on academic probation.
2. Not on a disciplinary probation, suspension or currently under any type of disciplinary action.
3. Own Transportation to WBL activity. If student cannot provide transportation, the school will assist in attaining transportation.
4. Parent permission form
5. Medical permission form
6. Coral Academy of Science WBL Application



# CORAL ACADEMY OF SCIENCE LV

## INTERNSHIP APPLICATION

NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PARENT' S PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT' S EMAIL: \_\_\_\_\_

GPA: \_\_\_\_\_

AREAS OF INTEREST *(please check all that apply)*:

\_\_\_ ARTS/JOURNALISM \_\_\_ ARCHITECTURE/DESIGN \_\_\_ BUSINESS \_\_\_ ENGINEERING \_\_\_

INFORMATION TECHNOLOGY \_\_\_ LAW/PUBLIC SAFETY \_\_\_ MARKETING/SALES \_\_\_

SCIENCE/MEDICAL \_\_\_ PSYCHOLOGY/SOCIAL WORK \_\_\_ INTERESTED IN ANY INTERN

OPPORTUNITY/OTHER \_\_\_\_\_

IN WHAT COMMUNITY SERVICE PROJECTS DO YOU REGULARLY PARTICIPATE?

\_\_\_\_\_  
\_\_\_\_\_

*WHICH SEMESTER DO YOU WANT TO DO THE INTERNSHIP?*

*Check all that apply:*     FALL                       SPRING                       SUMMER

### ESSAY QUESTIONS

*(Please type your responses on a separate sheet. Response should be approximately one page in length.)*

- WHY DO YOU HAVE INTEREST IN INTERNING IN THIS AREA AND HOW DO YOU THINK AN INTERNSHIP CAN BENEFIT YOUR FUTURE ENDEAVORS? WHAT DO YOU HOPE TO GAIN?

Please return application and essays to Ms. Hopper, Work-Based Learning Coordinator in the College & Career Center. (whopper@coralacademylv.org)



## Work-Based Learning Student Application

**Your Name \***

**Home address**

**City, State and Zip Code \***

**Your grade \*** *Mark only one oval.*

- 9th
- 10th
- 11th
- 12th

**Student Email \***

**Birth date**

**Parent/Guardian Name**

**Parent/Guardian Phone Number**

**Parent/Guardian Email address**

**Which of these would you be interested in? (Check all that apply)**

- Internship that teaches you on-the job skills (2-6 weeks)
- Job Shadowing (one day of following a professional on their job)
- School trip to visit a work-site

- Apprenticeship
- Pre-apprenticeship
- Credit for Work Experience
- Other

11. **What professional area are you interested in?** *Check all that apply.*

- Entrepreneur, Business, Marketing, Sales, Management
- Finance
- Information Technology (programming, coding, networking, web and digital communications)
- Science, Technology Engineering & Math related fields
- Human services (consumer services, counseling & mental health services)
- Other: \_\_\_\_\_

**Why are you interested in this activity? What are you hoping to gain through this experience?**

**What are 2 character traits that you have that will help you in this activity? Explain.**

**FOR SCHOOL USE ONLY**

**Counselor's Name:**

**Approved?:**

	<input type="checkbox"/> YES <input type="checkbox"/> NO
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## **METHOD TO EVALUATE A STUDENT'S PARTICIPATION AND COMPLETION OF THE PROGRAM**

1. Student must complete weekly timecard showing dates, hours and brief description of time spent and what was learned.
2. Employer host/outside adviser reviews and signs form
3. Timecard submitted to WBL Coordinator
4. Final number of hours must meet minimum number of hours met for particular WBL activity,
5. Student Survey
6. Employer Host/Outside Adviser rubric evaluation of student based on Learning Plan prepared prior to WBL activity.
7. Final Assessment (report or presentation) by student, reviewed by WBL Coordinator and Teacher Advisor.
8. Students with IEPs/504s and/or covered under ADA will be provided with a modified Learning Plan and assessments based on their abilities.

### **Accountability**

#### **Job Shadowing**

- 1) Work site vetted by WBL Coordinator
- 2) Permission slips completed
- 3) Date Scheduled
- 4) Student provides own transportation to and from work site
- 5) Timesheet completed/signed by both student and host employer
- 6) Student Evaluation
- 7) Host Employer Evaluation
- 8) One - two pages typed assignment by student providing the following information:
  - a) Employer host and supervisor
  - b) Position shadowing
  - c) Hours observing
  - d) Summary of time spent
  - e) Description and discussion of one soft skill observed by student that is required for position
  - f) Description and discussion of one technical skill observed by the student that is required for position
  - g) Reflection on the career, how the student's current aptitude and interest applies or does not apply to the career. Student's perceptions of whether they are still interested in this career. Why or why not.

#### **Internship**

- 1) Work site vetted by WBL Coordinator
- 2) Determine time frame of internship
- 3) Permission slips and forms completed and signed

- 4) Review student and parent expectations with student and parent
- 5) Review rules of conduct with work site, supervisor and student
- 6) Provide Training Agreement to student and employer
- 7) Student provides own transportation to and from work site
- 8) Provide learning plan to student and employer
- 9) Student must check in with WBL once per week via email and provide one paragraph summary (regardless of number of hours)
- 10) Timesheet initialed by completed/signed by both student and host employer and reviewed by WBL
- 11) Student must complete an activity every 10 hours which describes soft and technical skills student observed, learned and used.
- 12) Student must completed an overall reflection on the career at the end of the internship. It should include: How the student's current aptitude and interest applies or does not apply to the career. Student's perceptions of whether they are still interested in this career. Why or why not. It should also include educational requirements, and overall career information about the field. It is expected that the student "interviews" employees on the job about their careers.
- 13) Evaluation from student on the host site.
- 14) Evaluation from the host site about the student
- 15) Evaluation of the WBL Coordinator (with assistance of Subject teacher if necessary) of student learning.



# Work-based Learning Training Agreement

For: Coral Academy of Science  
1051 Sandy Ridge Ave.  
Henderson, NV 89052



**Student Name:**

**Phone:**

**Address, City, State and Zip:**

**DOB:**

**Grade:**

**Student Email:**

**Employer Host:**

**Supervisor:**

**Job Title:**

**Employer Phone:**

**Start Date:**

**Est. End date:**

**Mark the type of WBL Experience:**

- Internship
- Job Shadowing
- CTE Work Experience
- Pre-apprenticeship
- Registered Apprenticeship

**Work Schedule (hours/days):**      **Hours Required for Credit:**

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**Job Description/Duties:**

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**Responsibilities**

The **employer host** recognizes that a student learning plan is being followed and agrees to:

1. Provide close supervision of the student in a work experience that meets the objectives of the learning plan
2. Provide training for at least the minimum number of hours required for course credit 3. For paid WBL, provide worker’s compensation coverage as you would for other employees in a similar position
3. Adhere to all federal and state Child Labor laws and regulations
4. Consult with the WBL Coordinator, teacher and/or site facilitator to discuss any challenges the student is encountering
5. Assign jobs to the student and otherwise treat the student without regard to race, color, gender, national origin, or handicap
6. Provide a company orientation and safety training appropriate to the job

The **student** understands this training is for course credit, following the student’s learning plan and agrees to:

1. Be in regular attendance both in school and on the job
2. Conform to the rules and regulations of the employer host
3. Demonstrate appropriate work behaviors, including punctuality and willingness to learn
4. Communicate with the teacher of record, site facilitator and/or WBL coordinator as requested and necessary, submitting all necessary documentation in a timely manner

The **parent/guardian**, realizing the importance of work-based learning, agrees to:

1. Encourage the student to carry out the requirements of the training in a professional demeanor
2. Accept responsibility for the safety and conduct of the student while traveling to

and from school, employer site, and home.

3. Assist the student to develop a plan for transportation to and from the employer site

The **WBL coordinator or site facilitator/teacher or record** representing the school or district, agrees to:

1. Vet all employer hosts and ensure they receive an orientation to work-based learning
2. Ensure that the employer host is providing training that meets the student learning plan
3. Conduct site visits to observe the student and address any issues with the supervisor
4. Evaluate the student in relation to the goals of the student learning plan

We, the undersigned, give permission for the above-named student to participate in the WBL program, and we understand and agree to meet the requirements of the WBL.

<b>SIGNATURES OF PARTICIPANTS</b>
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**Student:**

**Date:**

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**Parent or Guardian:**

**Date:**

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**Endorsed Teacher:**

**Date:**

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**WBL Coordinator:**

**Date:**

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**Employer Host Supervisor:**

**Date:**

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# CORAL ACADEMY OF SCIENCE 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

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