Experienceship Proposal and Agreement

Student Information

Name:	Grade:

School Contact

Name:	Phone:
Position Title:	Email:

Mentor/Employer Information

Name:	Business/Organization:
Phone:	Address:
City/Zip:	Position Title:

Experience Details

Start Date: __/__/__ End Date: __/__/__	Grading Period(s):
Career Field Pathway *(if applicable)*:	

Type of Work-Based Learning:
- ☐ Off-Site Placement or Internship
- ☐ Apprenticeship/Pre-Apprenticeship
- ☐ Remote or Virtual Placement
- ☐ Entrepreneurship
- ☐ School-Based Enterprise
- ☐ Simulated Work Environment

Other:_____

☐ Paid — Pay Rate: _____/hour *(if applicable)*

☐ Unpaid

Typical Weekly Schedule:

Day	*Time of Work From*	*To*	*Total Work Hours*
Mon			
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			
		Total	

PROPOSAL

1. Briefly explain the experience, including the purpose and relation to your career interests:

_____

_____

_____

2. Overall goals for your experience:

_____

_____

_____

3. Student's primary responsibilities:

_____

_____

_____

4. Student product at the end of the experience (certificate, reflection, portfolio, paper, etc.):

_____

_____

_____

ROLES & RESPONSIBILITIES

To participate in the program, all parties must agree to the following:

ALL PARTIES

1. All parties agree that the primary purpose of the work-based learning experience is educational attainment for the student.
2. The instructor/educational representative, the parent and/or caregiver, the student and the employer/business mentor will jointly identify learning outcomes, develop learning experiences and job tasks, and will maintain and update this plan accordingly.
3. All concerns and challenges should be addressed to and resolved by the instructor/educational representative, in partnership with the student and employer/business mentor, and in communication with the parent and/or caregiver.
4. The agreement will not be terminated without the knowledge of all parties.

STUDENT

1. The student will observe and uphold the policies, rules and regulations of the school, the business and all other professional environments.
2. The student will maintain a positive and professional attitude and appearance, including good hygiene.
3. In the event of a necessary absence, advance notification will be provided to both the instructor/educational representative and the employer/business mentor.
4. The student will complete all required employment forms, records of experience, and other assignments as outlined in this agreement.
5. The student may withdraw or transfer from a work-based learning placement, after providing appropriate notification and with approval of the instructor/educational representative, when it is educationally appropriate or beneficial.

PARENT AND/OR CAREGIVER

1. The parent and/or caregiver will support the student in demonstrating appropriate personal conduct at school and work.
2. Transportation to and from the worksite must be approved by the student or parent/caregiver.
3. The parent and/or caregiver may inquire with both the student and the instructor/educational representative regarding the student's performance and growth throughout the experience.

EMPLOYER/BUSINESS MENTOR

1. The employer/business mentor will direct the student to complete job tasks in alignment with the learning outcomes identified in this agreement.
2. The employer/business mentor will routinely evaluate the student's performance and growth throughout the experience (as defined in this agreement).
3. The employer/business mentor agrees to provide regular feedback to the student regarding their progress in performing job tasks, particularly in between scheduled formal evaluations and whenever it will enhance the student's educational attainment.
4. The employer/business mentor will observe and uphold all state and federal employment and compensation laws.

SIGNATURES

By signing, I agree that I have reviewed and approved the learning outcomes and evaluation plan documented in this agreement, and that I will comply with all identified roles & responsibilities herein.

Student:	Date:
Parent/Caregiver:	Date:
Instructor/Educational Representative:	Date:
Employer/Business Mentor:	Date:

Please return this signed form to the Bay High School Counseling Office.