

In-District Transition Placement Agreement

School District: _____

School Year: _____

IN-DISTRICT PLACEMENT AGREEMENT

IMPORTANT: In-District (In-School) Placements can only be one of the following (check one):

☐ SPECIAL EDUCATION TRANSITION SERVICES (Grades 9 and above). – **[UNPAID ONLY]**

A copy of the pupil's transition services plan (part of an IEP) must be attached to this agreement and must directly relate to the placement as outlined in the postsecondary career and employment goals and objectives. Failure to meet this criteria WILL result in an FTE deduction.

☐ CAREER AND TECHNICAL EDUCATION (CTE) STATE-APPROVED WORK-BASED LEARNING (Grades 11 and 12 only) **[PAID OR UNPAID]**

Program serial number (PSN) of related state-approved CTE program: _____

Name of Related State-Approved CTE Program: _____

These CTE placements must be those specific scenarios that are listed in Section 5P of the Pupil Accounting Manual.

Student/Learner Information

Last Name: _____ First Name: _____ Middle Initial: ____ Grade: ____ Home

Address: _____ Telephone

Number(s): _____

Birth Date: _____ Emergency Contact Information: _____

In-District Assignment Information

Type of Placement:

☐ Unpaid [If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed on the training plan for each 45 hours of placement.]

In-District Placement Assignment: _____

Date Placement Begins: _____ Date Placement Ends: _____

Date of Safety Training that has been provided by the school or the employer. _____

Hours to be worked (cannot exceed 24 hours per week when school is in session for students ages 16 & 17):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest							
Latest							

Total Classes/Hours Per Day: _____ Total WBL Hours Per Day: _____

Dates of Site Visits (Must minimally be conducted and documented every 30 days for a student receiving special education/transition services.)

Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____

Training Plan

START DATE:	END DATE:	JOB SPECIFIC TASKS

For unpaid work-based experiences, specific, unduplicated skills must be listed for each 45 hours of placement.

Note: Different training experiences can occur at one location. In these instances, the training plan must clearly delineate a separate set of skills every 45 hours (No Duplication of Tasks)

Student Responsibilities

1. Complete work assignments in a timely manner.
2. Be in assigned location on days and times scheduled.
3. Follow school’s health and safety work rules.
4. Abide by all policies and procedures of the program, school district, and the school building.
5. Maintain good attendance in school.
6. Bring assignment/work problems to the attention of the teacher/coordinator.

School District Responsibilities

1. The placement relates to the student’s career/education goals as outlined in their education development plan (EDP).
2. The program operates during the school day on school premises.
3. Student is regularly supervised by certified staff and provided instruction in areas of skill attainment and work safety.
4. Daily attendance is recorded.
5. The program must not violate the Fair Labor Standards Act, the Youth Employment Standards Act and any other federal, state and local laws and regulations, including those that prohibit discrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status or disability.
6. The program is designed primarily for the benefit of the student; assignments are progressive in nature; no wage entitlement; students do not displace district employees.
7. The student may not assist or work for independent contractors or vendors of the school district.

NOTICE OF NONDISCRIMINATION: It is the policy of the _____ School District not to discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: _____

Required Attachment: Pupil’s Transition Services Plan

Student’s Signature

Date

Parent/Guardian’s Signature

Date

Certificated Teacher’s Signature

Date

Principal/Designee’s Name and Signature

Date

