

Twinsburg High School 10084 Ravenna Rd. Twinsburg, OH. 44087 330-486-2400 THS FIELD EXPERIENCE AGREEMENT

Student Name:	Experience site:			
Address:	Supervise	or:		
City/Zip:	Address:			
Phone: DOB:	City/Zip:			
Area of focus:	Phone:			
High school: Twinsburg High School	Start date	e:	End dat	te:
Type of Field Experience	Typical weekly schedule			
	Day	Time c	of Work	Total Work
Apprenticeship (Registered)		From	То	Hours
Clinical Experience	Mon			
Cooperative Education	Tue			
Internship	Wed			
Service Learning	Thurs			
□ Other	Fri			
	Sat			
Paid Experience	Sun			
Un-Paid Experience			Total	
If paid, Pay Rate:/hr				

Briefly explain the student's field experience, including the purpose and relation to the student's career interests/honors diploma area of focus:

Overall goals for the student's field experience:

Student's primary responsibilities will include (please list the competencies in which the student is expected to perform):

Student's secondary responsibilities also will include (please list the competencies in which the student is expected to perform):

Student will be evaluated using the following (e.g. monthly performance reviews, completion of goals set forth by all parties, portfolio, etc.):

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

EVERYONE

- 1. All parties agree that the primary purpose of this field experience is educational.
- 2. The agreement will not be terminated without the knowledge of all parties concerned.

- 3. Learning experiences and job tasks will be planned and managed on the basis of a written training plan.
- 4. The student's Training Plan will be completed and upheld by the group.
- 5. The student may withdraw or transfer from a training station after providing appropriate notification when it would enhance the student's educational opportunities.
- 6. Everyone will determine the appropriate amount of time to be spent on the Field Experience.

STUDENT

- 1. The student will provide the overview and goals of the field experience and consult the Field Experience Coordinator and Employer/Experience Supervisor in the completion of the agreement.
- 2. The policies, rules, and regulations of the school and the business will be upheld.
- 3. Actions, attitudes, and appearance will reflect positively on the school and the business.
- 4. Advance notification of absence will be given to the employer and the Field Experience Coordinator.
- 5. Records of experiences will be completed and submitted as required by the school.
- 6. Activities will be chosen and completed as designated by the Field Experience Coordinator and employer/experience supervisor.
- 7. Approval of the Field Experience Coordinator must be obtained before quitting or changing experiences.
- 8. The student will be prohibited from working if he or she has not been in school.

PARENTS

- 1. Responsibility for the personal conduct of the student at school and at work resides with the parents.
- 2. Transportation to and from the site must be provided/determined by the student's parents or guardians.
- 3. The student will be encouraged to carry out duties and responsibilities effectively.

EMPLOYER/EXPERIENCE SUPERVISOR

- 1. The student will be consistently working on the field experience as deemed appropriate by the Field Experience Coordinator and Employer/Field Experience Supervisor.
- 2. The student will be assigned a supervisor/mentor who will work with the Field Experience Coordinator in developing the student's training plan and evaluating the student.
- 3. State and federal employment and compensation regulations apply to the student.
- 4. The student will be prohibited from working if he or she has not been in school.

FIELD EXPERIENCE COORDINATOR

- 1. The Field Experience Coordinator will observe and evaluate the student's on-the-job performance periodically throughout the year.
- 2. The Field Experience Coordinator will fairly enforce policies, rules, and regulations.

Student:	Date:
Parent or Guardian:	Date:
Field Experience Coordinator:	Date:
Principal: School:	Date:
Employer/Experience Supervisor:	Date:
Copy provided to school counselor:	Date: