



**IMPACT ACADEMY
WORKPLACE LEARNING AGREEMENT 2011-2012**

This commitment must be read, understood, and signed by each student intern, as well as his or her Mentor, Advisor, and Parent/Guardian. This is to ensure that all parties agree with, and can support the goals and expectations of, the Workplace Learning Experience (WLE).

Student Name: _____

Mentor Name: _____ Mentor Job Title: _____

Workplace Name: _____ Address: _____

Mentor Phone: _____ Mentor Email: _____

WLE SCHEDULE:

Starting Tuesday October 4, 2010, the student will not come to school on **Tuesdays**. He or she is released from his or her class schedule on **Tuesdays** to work a full day of at least 7.5 hours at the WLE. Over the course of the program, the student must log 75 hours of time at his or her WLE.

The student cannot be paid.

First day of WLE (Job Shadow Day): Tuesday October 4, 2011

Last Day of WLE: Tuesday, December 13, 2011

Time the student arrives at their WLE each Tuesday: _____

Time the student leaves their WLE each Tuesday: _____

If the mentor is not there, the student will report to: _____

WHAT WILL THE STUDENT INTERN DO? List all possible activities here:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

WHAT WILL THE STUDENT INTERN LEARN? List skills, concepts, etc here:

- 1.
- 2.
- 3.

WHAT WILL THE STUDENT'S WLE PROJECT BE? List possible ideas here:

I, _____, agree to the following expectations:
(student name)

1. To attend my WLE placement on a regular basis at the agreed upon times.
2. To conform to the norms and expectations of the organization with which I am working.
3. To notify my Academic Seminar Teacher **and** Mentor on the days I will be late or absent.
4. To notify my Academic Seminar Teacher should any problems or concerns arise.
5. To complete the required timesheet and turn it into my Advisor every Wednesday during Academic Seminar.
6. To inform my parent(s)/guardian(s) and teachers of my WLE placement experiences.

I, _____, agree to provide the following:
(mentor name)

1. Assignments and duties that constitute a meaningful learning experience for the student.
2. Mentorship for the student.
3. Support in the design and/or implementation of the student's WLE project.
4. Signed/initialed timesheets for each day of attendance.
5. Assessment and feedback to Impact Academy, as requested (*including an end of experience evaluation and possible letter of recommendation*).
6. Notification, at any time, to the student's Academic Seminar Teacher if work performance is unsatisfactory or there is any problem with the placement. (*e.g. failure to show up for work without calling, consistently off-task or irresponsible, etc...*)

“We have read the Mentor Guide and are clear about the expectations for the student and the mentor. The school district will be responsible for insurance coverage, as this is a school-sponsored activity. Employers would be liable in the event of gross negligence or sexual harassment.”

Mentor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____