



# GUILDERLAND HIGH SCHOOL

## Career Exploration and Education

### SCHOOL TO WORK PROGRAM

-----*Guilderland Central School District*-----

8 School Road, Guilderland Center, NY 12085

(518) 861-8591 ext. 1021

FAX (518) 861-5874

### INTERNAL PLACEMENT SCHOOL TO WORK STUDENT TRAINING PLAN

This Student Training Plan relates to the Memorandum of Agreement established between the parties for the benefit of the Student and outlines the training expectations for the Student while participating in the School to Work ("STW") Program.

Student Name:	Home Phone Number:
Address (Street, City, State and Zip Code):	
Parent/Guardian(s):	Emergency Phone Number:
Emergency Contact:	Emergency Contact Relation to Student:
Teacher:	Teacher Contact Number: 518-861-8591
Starting Date:	Ending Date:
Hours/Block(s) to be worked:	Scheduled Letter Days (check all that apply):
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

GHS or GCSD Department:	Contact Name(s)/Mentor(s):
Contact Number:	Contact Email:

Job Coach Name:	Job Coach Contact Number:
Job Coach Email:	

School to Work Coordinator: Joan McGrath	School to Work Contact Number: 518-861-8591 x 1021
School to Work Coordinator Email: mcgrathj@guilderlandschools.net	

The Student will learn about, use and/or observe the following items and be evaluated based on his/her completion thereof:

ASSIGNED JOB TASKS - WHAT TYPES OF JOBS WILL THE STUDENT DO?
1.
2.
3.
4.
5.
6.
7.
8.

STUDENT GOALS	
1.	
2.	
3.	
4.	

During the School to Work Program experience the Student will also be evaluated on the following work related attitudes and behaviors as outlined in the NYS Employability Profile:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Attendance             | <input type="checkbox"/> Response to Supervision             | <input type="checkbox"/> Takes Responsibility for Learning |
| <input type="checkbox"/> Punctuality            | <input type="checkbox"/> Communication Skills                | <input type="checkbox"/> Reads with Understanding          |
| <input type="checkbox"/> Workplace Appearance   | <input type="checkbox"/> Solves Problems and Makes Decisions | <input type="checkbox"/> Solves Problems using Math        |
| <input type="checkbox"/> Initiative             | <input type="checkbox"/> Cooperates with Others              | <input type="checkbox"/> Health and Safety                 |
| <input type="checkbox"/> Quality of Work        | <input type="checkbox"/> Resolves Conflict                   | <input type="checkbox"/> Technology                        |
| <input type="checkbox"/> Knowledge of Workplace | <input type="checkbox"/> Observes Critically                 | <input type="checkbox"/>                                   |

Throughout the School to Work Program, the Student will routinely be evaluated and complete self-evaluations of his/her performance relating to the above tasks the Students' Goals and the Employability Profile expectations. The following rating scheme will be utilized for evaluations.

RATING SCALE	DESCRIPTION
NA	Item not observed by Student and/or Job Coach or Mentor
0	Cannot complete the item; Needs total assistance; Full Physical Guidance; Needs hands on instruction to complete item
1	Needs constant verbal prompts throughout the item; Needs frequent physical support/guidance
2	Needs verbal prompts, but can perform with some independence once started; Occasional/Moderate modeled prompts or touch cues.
3	Needs minimal verbal prompts; Works with minimal help or verbal cues; No touch cues required
4	Performs accurately without coaching; Meets employer standards on item; Achieved goals as written; No touch cues.

This Student Training Plan is in effect when signed by all parties. This Agreement may be terminated at any time by any party upon written notice to the other parties.

We, as Student, Parent/Guardian, Mentor, and Work Based Learning Coordinator, agree to the terms and conditions as stated above to the best of our ability.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STW Coordinator Name: \_\_\_\_\_

STW Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_