



STATE COLLEGE OF FLORIDA MANATEE - SARASOTA

Work-Based Learning Training Agreement & Plan

Student Contact Information (To be completed by Student)

Student Name:

First Middle Last

Phone: _____

SCF Email: _____ @student.scf.edu

Address:

Street Address

City State ZIP Code

Check if older than 18 years:

DOB if under 18 years: _____

SCF Student ID#

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Internship Application Information (To be completed by Instructor or Student and Instructor)

I request permission to take: _____ Semester Hours: 0 1 2 3
Course Prefix/Number

Course Title: _____

Course CRN#: _____

Semester in which course is to be taken: Fall Spring Summer

Year in which course is to be taken: 2023 2024 2025 2026 2027 2028

Date student agrees to complete course: _____

Current Academic Program of Study: _____

Notes:

- Work-Based Learning cannot start until all documentation has been approved.
- Students not currently enrolled must be admitted to SCF prior to completing this registration; current tuition rates and fees apply.
- The SCF Instructor will be responsible for turning in the final grade to the registrar.

Student Emergency Contact Information (To be completed by Student and Parent/Guardian, if applicable)

Emergency Contact #1
(Must be Parent or
Guardian, if under 18
years of age):

_____ *First* _____ *Last* _____ *Relationship*

Phone: _____ Email: _____

Emergency Contact #2: _____

_____ *First* _____ *Last* _____ *Relationship*

Phone: _____ Email: _____

Instructor Contact Information (To be completed by Instructor)

Instructor
Name:

_____ *First* _____ *Last*

Phone: _____ Email: _____

Cell Phone:
(optional)

Employer Contact Information (To be completed by Employer)

Business/Organization
Name:

Federal Tax ID # (FEIN):

Phone: _____ Email _____

Address:

_____ *Street Address*

_____ *City* _____ *State* _____ *ZIP Code*

Supervisor Contact Information (To be completed by Employer or Supervisor)

Employer
Supervisor Name:

_____ *First* _____ *Last*

Title: _____

Phone: _____ Email _____

Cell Phone:
(optional)

Work-Based Learning Opportunity Information (To be completed by Employer or Supervisor)

Tentative Start Date: _____ Tentative End Date: _____

***Work-Based Learning cannot start until all documentation has been approved.**

Average Hours per Week: _____

Tentative Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start:							
Stop:							

Compensation:

Unpaid Paid Amount: \$ _____/hr

Compensation is required for Cooperative Education On-the-Job (OJT) training courses

Training Plan (To be completed by Employer, Supervisor, and Instructor)

Job Description:	Insert here or attach a copy of the Employer's complete <u>job description</u> .				
Course Description:	<p>Check the course prefix and number:</p> <p><input type="checkbox"/> ACG 2949 - Internship in Accounting</p> <p><input type="checkbox"/> BSC 2943C - Biotechnology Internship</p> <p><input type="checkbox"/> CGS 1949 - Co-op Work Experience in Computer Science</p> <p><input type="checkbox"/> CHM 2930 - Special Topics in Chemistry (attach syllabus with student learning objectives)</p> <p><input type="checkbox"/> ETD 2949 - Internship in Technology</p> <p><input type="checkbox"/> EDG 2949 - Final Internship in Education</p> <p><input type="checkbox"/> FIL 2949 - Internship in Film/Video</p> <p><input type="checkbox"/> GEB 2949 - Internship in Business</p> <p><input type="checkbox"/> GRA 2949 - Internship in Graphic Design</p> <p><input type="checkbox"/> MUM 2949 - Music Production Internship</p> <p><input type="checkbox"/> PGY 2949 - Internship in Photography</p> <p><input type="checkbox"/> PLA 2949 - Internship in Paralegal/Legal Assisting</p> <p><input type="checkbox"/> SLS 1949/SLS 2949 - Internship Exploration and Work Experience</p> <p><input type="checkbox"/> Other: _____</p>				
Employability Skill Learning Objectives:	<p>WORKPLACE LEARNING EMPLOYABILITY SKILL AREAS</p> <p>At the conclusion of the internship, the intern will be able to successfully (Complete this table/chart):</p> <table border="1"> <thead> <tr> <th colspan="2">APPLIED KNOWLEDGE</th> </tr> </thead> <tbody> <tr> <td> Applied Academic Skills <input type="checkbox"/> Reading skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Math procedures </td> <td> Critical Thinking Skills <input type="checkbox"/> Thinks creatively <input type="checkbox"/> Thinks critically <input type="checkbox"/> Makes sound decisions </td> </tr> </tbody> </table>	APPLIED KNOWLEDGE		Applied Academic Skills <input type="checkbox"/> Reading skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Math procedures	Critical Thinking Skills <input type="checkbox"/> Thinks creatively <input type="checkbox"/> Thinks critically <input type="checkbox"/> Makes sound decisions
APPLIED KNOWLEDGE					
Applied Academic Skills <input type="checkbox"/> Reading skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Math procedures	Critical Thinking Skills <input type="checkbox"/> Thinks creatively <input type="checkbox"/> Thinks critically <input type="checkbox"/> Makes sound decisions				

	<input type="checkbox"/> Scientific procedures	<input type="checkbox"/> Solves problems <input type="checkbox"/> Reasons <input type="checkbox"/> Plans/organizes
	EFFECTIVE RELATIONSHIPS	
	Interpersonal Skills <input type="checkbox"/> Understands teamwork and works with others <input type="checkbox"/> Responds to customer <input type="checkbox"/> Exercises leadership <input type="checkbox"/> Negotiates conflict <input type="checkbox"/> Respects differences	
WORKPLACE SKILLS		
Resource Management <input type="checkbox"/> Manages time <input type="checkbox"/> Manages money (if applicable) <input type="checkbox"/> Manages resources <input type="checkbox"/> Manages personnel (if applicable) Information Use <input type="checkbox"/> Locates Information <input type="checkbox"/> Organizes Information <input type="checkbox"/> Uses Information <input type="checkbox"/> Analyzes Information <input type="checkbox"/> Communicates Information		Communication Skills <input type="checkbox"/> Communicates verbally <input type="checkbox"/> Listens actively <input type="checkbox"/> Comprehends written material <input type="checkbox"/> Conveys information in writing <input type="checkbox"/> Observes carefully Systems Thinking <input type="checkbox"/> Understands and uses systems <input type="checkbox"/> Monitors systems <input type="checkbox"/> Improves systems Technology Use <input type="checkbox"/> Understands and uses technology

Technical Skill Learning Objectives:	<p>In the space below, detail the objectives related to technical skills that the intern will achieve during the internship. Technical skills are practical abilities that help the firm function in the industry where the internship is taking place.</p> <p>Program managers should assist in describing these outcomes to align them with the internship discipline. Define 1-2 learning objectives for each of the technical skills areas that all students in your program would need to possess in the workplace. See example below.</p> <p>At the conclusion of the internship, the intern will be able to successfully:</p> <p>Examples:</p> <ul style="list-style-type: none"> • Law Industry: Preparing a legal document with the customary formatting and other word processing tools. • Hospitality Industry: Successfully achieving a guest check-in/check-out process using the hotel operating system. • Nursing: Successfully drawing blood from a patient from the arm. <p>Detail the technical skill learning objectives below (these can be taken directly from the job description):</p> <ul style="list-style-type: none"> • • •
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Skill Assessment Description:	<p>Describe how the supervisor will evaluate the intern's stated learning objectives described in the previous two boxes.</p> <input type="checkbox"/> Observation of intern's knowledge, attitude, and practice. <input type="checkbox"/> Evaluation of the intern's completed work. <input type="checkbox"/> Formal performance appraisal (please attach a copy of the form used for the performance appraisal). <input type="checkbox"/> Checklists (attach a copy of the checklist). <input type="checkbox"/> Reports (attach a copy of the report). <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Program
Manager
Signature

Roles and Responsibilities

All Parties

All parties involved agrees as follows:

- Not to terminate the agreement without the knowledge of all parties concerned.
- After providing appropriate notification and review between the instructor and employer supervisor, allow the student to withdraw or transfer from a work-based learning site when it would enhance the student’s educational opportunities.
- Work cooperatively to create and carry out the skill development and assessment plan.
- All issues should be brought to the immediate attention of the instructor to address promptly.
- SCF is committed to providing an educational and working environment free from sexual harassment as well as harassment or discrimination based on such factors as: race, color, sex, pregnancy, age, religion, national origin/ethnicity, disability, genetic information, marital status, veteran status, and sexual orientation. SCF strongly disapproves of and will not tolerate harassment of its employees or students. SCF will also attempt to protect its employees and students from harassment by non-students and non-employees.

(Parent/Guardian’s Initials) _____

(Student’s Initials) _____

(Instructor’s Initials) _____

(Employer/Supervisor’s Initials) _____

Student Responsibilities

The Student has reviewed the Student Work-Based Learning Orientation.

The student agrees as follows:

- I understand that for some jobs drug screening or criminal background checks are required and that security clearance may be necessary.
- I recognize that I am a representative of State College of Florida and that I will follow the policies, rules, and regulations of the College and employer.
- I will conduct myself in a manner reflecting good citizenship and courtesy both on and off campus.
- I will follow confidentiality expectations provided by the employer. Failure to follow confidentiality expectations may result in disciplinary action, loss of my work-based learning experience, and/or class credit.
- I will demonstrate positive actions, attitudes, and personal appearance that reflect professionalism and reflect the school, the program, and the employer positively.
- I will dress appropriately during the work-based learning experience as instructed by the employer or supervisor.
- I will maintain normal standards of personal cleanliness and neatness during the work-based learning experience.
- I will provide notice of absences to the employer supervisor and instructor. I will directly arrange for planned absences with the employer supervisor and make up the hours missed during any

absence, if requested by the employer supervisor or required to meet work hours minimum to receive course credit.

- I will report all injuries, accidents, hazardous conditions, and practices and behaviors to the instructor immediately.
- I will not pursue other work that will interfere with the work-based learning experience.
- I will complete all required records and documentation required for the program according to the schedule provided by the instructor.
- I will communicate with the instructor if issues arise at the work-based learning site. The student may not quit or switch work-based learning sites without the instructor's approval. The student will advise the instructor of any change in position or responsibilities.
- I will provide documentation of completed hours outlined by instructor and verified by employer.
- I will avoid unnecessary absences, be prompt, complete assignments carefully and accurately, comply with workplace regulations, work cooperatively with co-workers, and take initiative.
- I understand that I am not guaranteed a job upon completion of the internship.
- I understand that if an employer does not provide Worker's Compensation Insurance, I am responsible to have medical insurance coverage for injury or illness.
- I hereby release from liability and hold the District Board of Trustees of State College of Florida, Manatee-Sarasota, its employees and agents harmless from any and all claims and causes of action which might be brought up by me or my parents or dependents for loss of property, personal injury, or death sustained by me arising out of any activity conducted with the participating employer. I also understand that SCF does not provide insurance coverage for personal property damage or bodily injury covering participants in an internship.

(Student's Initials) _____

Instructor Responsibilities

The instructor agrees as follows:

- Follow confidentiality expectations provided by the employer.
- Orient the employer and the student to the rules, policies, and procedures related to work-based learning.
- Regularly and in accordance with the relevant course requirements and/or Curriculum Framework, visit each student at the work-based learning location or conduct at least 1-2 person-to-person conferences with the student.
- Work with the employer supervisor to ensure student skill development and assessment, career planning and preparation, student reflection on their work-based learning experience, reasonable accommodations for disabilities, and to assign the student a final grade.
- Attempt to resolve any complaints through the cooperative efforts of all parties concerned.
- If the student is under 18 years of age, the instructor will initiate the background check process for the supervisor by contacting the appropriate College authority.
- If the student is under 18 years of age, the instructor will notify the student's parent or legal guardian if there is a report of an injury or illness, or allegation of harassment or discrimination involving the student related to the work-based learning opportunity.
- If the student is under 18 years of age, the instructor will conduct a site visit at the internship place of business.
- Distribute the Training Agreement to the signing parties and keep a copy on file for three (3) years at the campus location.
- Coach the student to ensure a progression of professional and career skills throughout the experience.
- Determine the student's final grade for the work-based learning experience.

	<ul style="list-style-type: none"> Fairly enforce policies, rules, and regulations. <p style="text-align: right;"><i>(Instructor's Initials)</i> _____</p>
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Parent/Guardian Responsibilities	<p>If applicable, the parent or legal guardian agrees as follows:</p> <ul style="list-style-type: none"> If the student is under 18 years of age, the parent/guardian agrees that the student may participate in the work-based learning opportunity as provided by the educational institution. Understand and agree that although this is a school-related function, the student will be off school property and may be in contact with members of an agency who are not associated with school processes and procedures. Encourage the student to perform the duties and responsibilities of the work-based learning opportunity to the best of their ability. <p style="text-align: right;"><i>(Parent/Guardian Initials)</i> _____</p>
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Employer and Supervisor Responsibilities	<p>The employer/supervisor agrees as follows:</p> <p style="padding-left: 40px;">The Employer has reviewed the Employer Work-Based Learning Handbook.</p> <ul style="list-style-type: none"> Place the student in the work specified above for the purposes of providing occupational experience of instructional value. Assign a supervisor who will work with the instructor in developing and carrying out the student's skill development and assessment plan. Ensure health and safety regulations are followed to protect the student. Ensure the student is receiving appropriate training in the anticipated areas of skill development described in this Training Agreement, including safety, confidentiality, and the process for reporting of work-related injury, illness, harassment, or discrimination. Complete an evaluation of the student's performance during the work-based learning opportunity in a manner designated by the instructor. Ensure that an emergency contact form is on file for the student in a manner that is readily accessible. Adhere to the policies and procedures of the educational institution regarding supervisor background checks. If the student is under 18 years of age, the employer agrees that the supervisor will be subject to a background check. If the student is under 18 years of age, in the event of a workplace injury or illness, or allegation of harassment or discrimination, the employer will contact the student's parent or legal guardian as soon as possible, and the student's instructor within twenty-four (24) hours, to report the incident. Adhere to all State and Federal Laws and Regulations regarding employment, child Labor Laws, minimum wage, and will not discriminate in employment policies, educational programs, or activities for reasons of race, color, sex, pregnancy, age, religion, national origin/ethnicity, disability, genetic information, marital status, veteran status, or sexual orientation. Consult with the instructor regarding any conflicts or issues to provide an opportunity for an intervention prior to the student's dismissal if the issues persist. <p style="text-align: right;"><i>(Employer/Supervisor's Initials)</i> _____</p>
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In compliance with Florida's Work Based Learning Standards, a student must be covered for injury or illness related to work based learning opportunities.

A Certificate of Insurance will be provided for Worker's Compensation Insurance

A Certificate of Insurance will be provided for General Liability Insurance

Please send COI to Internships@SCF.edu

Signatures

Instructor
Signature:

Date: _____

Employer
Supervisor
Signature:

Date: _____

Student
Signature:

Date: _____

Parent/Legal
Guardian
Signature, If
Applicable:

Date: _____

Once form is fully completed and signed by all parties, please send to Internships@SCF.edu.