

Julian Charter School General and Vocational Training Plan and Agreement

WEE Coordinator and Phone						
	WORK E	XPERIENCE EDU	JCATION PROC	GRAM		
N	NAME OF HIGH SCHOOL	NAME OF ST	ΓUDENT	S.S. #		
respons	tior purpose of this program is to prosibilities of the parties concerned; nare nator. ENT WILL:					
1.		as possible about job it	nformation skills an	d attitude		
2.						
3.						
4.	4. Consult the work experience coordinator before quitting or changing jobs					
5.	Attend the related instruction classe					
	NT OR GUARDIAN WILL:	•				
1.	Authorize student's enrollment					
2.						
3.	Give permission for students 16 and	d 17 to work between 1	0:00 p.m. and 12:30	a.m. when necessary		
WOR	K EXPERIENCE COORDINAT	FOR WILL:				
1.	Make periodic visits to place of em	ployment				
2.	Provide work experience class instr					
3.	3. Assist student to improve his/her job performance and to help him/her solve job related problems					
4.						
	assignments; and c) prompt submit					
	Award up to 10 credits per semeste	r in 11 ^m and/or 12 ^m grac	le			
	OYER WILL:					
1.	Provide a continuing job, reserving		nployment for just ca	nuse		
2.	Pay at least the minimum wage wit			c		
3.						
4.			rder that ne/sne may	obtain maximum educational and		
5	occupational experience from the jo		ld labor large and atl	har applicable requisitions		
5. 6.	Adhere to all federal and state regu			for work. California State Educationa		
0.	Code No. 5995	compensation for all st	udents receiving pay	for work. Camorina State Educationa		
7.	Periodically evaluate student's prog	rress				
8.	Describe student's five most import					
٠.	□ A)					
	□ B)					
	C)					
	□ D)					
	□ E)					
9.	Put an "X" in the boxes in front of	the two job duties listed	above when improv	ement is needed (if applicable).		
10	. Describe two new job duties that sh	nould be learned for a ra	ise or a promotion (i	f applicable):		
	i					
	ii					
	ON-DISCRIMINATION POLICY:					
col	lor, religion, sex, age, handicap, or na	itional origin in any of i	ts employment polici	es, programs, or practices.		
**			, , ,	7		
X_			// X	Student's Signature		
	Employer's Signature	FIIOHE	Date	Student's Signature		

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	X
Name of Employer's Place of Business	Parent or Guardian's Signature
	X
Address of Employer's Business	Coordinator's Signature and Phone