



**COMMUNITY BASED VOCATIONAL EXPLORATION AND TRAINING  
AGREEMENT PACKET  
(SSS-F132)**

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**DATE:** \_\_\_\_\_

**Returning Student**

**STUDENT NAME:** \_\_\_\_\_

**SCHOOL / GRADE:** \_\_\_\_\_

**CASE MANAGER:** \_\_\_\_\_

**CHECK FOR COMPLETION OF THE FOLLOWING ITEMS:**

1.  The Individualized Education Program team has identified vocational training as a need in the current IEP.
2.  The Community Based Vocational Exploration and Training Agreement Packet (with all required signatures).
3.  Parent waiver of liability (**required for participation**).
4.  Social skills training has been part of the student's curriculum for at least one grading period.
5.  The student has participated in community-based outings without significant behavior issues.
6.  Student emergency information (Case Manager keep for records).

Please list any necessary accommodations or physical limitations relating to work.

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Please list desired employability skills that would best benefit this student (i.e. consider the student's interests, abilities, dexterity skills, etc.).

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# COMMUNITY BASED VOCATIONAL EXPLORATION AND TRAINING AGREEMENT

## **DEPARTMENT OF LABOR (DOL) CRITERIA**

Washoe County School District operates a job training program in compliance with the following DOL standards:

1. The training, even though it includes actual operation of the facilities of the employer, is similar to that which would be given in a vocational school.
2. The training is for the benefit of students with disabilities.
3. The students do not displace regular employees but work under their close observation.
4. The employer that provides the training derives no immediate advantage from the activities of the students, and on occasion, his operations may actually be impeded.
5. The student must not exceed 120 hours per training site, per school year.
6. The students are not necessarily entitled to a job at the conclusion of the training period.
7. The employer and the students understand that the students are not entitled to wages for the time spent in training.

## **RESPONSIBILITIES**

The **Transition Services Staff** agrees to:

1. Provide community based vocational exploration training for all WCSD staff accompanying student(s) to the vocational site, as needed.
2. Work with school staff to place the student in an appropriate work environment to learn vocational skills.
3. Work with school staff to monitor students to ensure skill levels are progressing.
4. Monitor the WCSD staff to ensure they follow Transition Services guidelines while promoting the student's independent performance.
5. Monitor the community based vocational exploration and training site for appropriateness of job tasks assigned and to ensure the work environment is supportive.
6. Observe the training and complete evaluations in order to improve the vocational training outcome.
7. Evaluate student's training needs and determine other training placement, as necessary.

The **WCSD staff** (teachers, assistants, or aides) accompanying the students collaborates with the Transition Services regarding vocational training and agrees to:

1. Attend required training conducted by the Transition Services Staff.
2. Reinforce the vocational training experience in the school setting.
3. Ensure supervision at the vocational training site by observing the student, consulting with the employer, and rendering assistance with training challenges of the student.
4. Collect data on students during each job training session.

The **STUDENT** considers the vocational training experience beneficial and agrees to:

1. Attend school and vocational training on a regular basis.
2. Perform vocational training tasks in an efficient manner.
3. Show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress, and a willingness to learn.

4. Conform to the rules and regulations of the training site.
5. Consult the Case Manager/WCSD supervisor about concerns relating to the training site.

The **PARENTS** support involvement of the student in the Community Based Vocational Exploration and Training Program and agree to:

1. Make certain the student is appropriately dressed in accordance with the WCSD Dress Code.
2. Promote good work ethics (i.e. calling the Case Manager if the student will be absent).
3. Encourage the student to carry out the duties and responsibilities of the vocational training site.

The **VOCATIONAL TRAINING SITE** recognizes that a training plan is being followed and close supervision of the student(s) is supplied by the school and agrees to:

1. Provide a variety of work experiences for the student.
2. Adhere to all federal and state mandates regarding child labor laws and other applicable regulations.
3. Provide time for consultation with the Case Manager/WCSD supervisor concerning the student.
4. Provide instruction and guidance for the student.

## REQUIRED SIGNATURES:

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Case Manager Date

\_\_\_\_\_  
Transition Services Staff Date

### Transition Services Use Only:

<b>Job Training Site</b>	<b>Job Training Site</b>
<b>Training Site Representative</b>	<b>Training Site Representative</b>
Training Period - From: _____ To: _____	Training Period - From: _____ To: _____
<b>Job Training Site</b>	<b>Job Training Site</b>
<b>Training Site Representative</b>	<b>Training Site Representative</b>
Training Period - From: _____ To: _____	Training Period - From: _____ To: _____

**Internship/Work Experience/Job Training**  
**PARENT WAIVER OF LIABILITY**

A Washoe County School District **Internship/Work Experience/Job Training** involves active participation in activities during and/or outside of the school day that directly relate to the student's area of job or career interest. These activities occur away from the school premises. Parents/students assume all responsibility for safety and liability travelling to and from the work site (when using private transportation).

I, \_\_\_\_\_ (parent name/self), in consideration of my student/myself being permitted to participate in an Internship/Work Experience/Job Training and recognizing the current educational and career exploration value that he/she/I will reap from it, hereby give my consent for \_\_\_\_\_ (student name/self) to participate in an **Internship/Work Experience/Job Training** which involves a work based experience at a local business.

I, on behalf of my heirs and estate and any other person claiming through me, hereby voluntarily and expressly relieve, indemnify, save and hold harmless the Washoe County School District and the Board of Trustees of the District, and all agents or employees thereof, against any and all liability or claims arising from injury or damage to person or property or both caused by or resulting from said student's acts, omissions or conduct while involved in *Internship/Work Experience/Job Training* activities. I also release and relieve the aforementioned district and personnel from any and all liability or claims arising from injury or damage suffered or incurred by said student as a result of acts, omissions or conduct of any person, other than the negligence of said district or personnel.

I understand that the Washoe County School District is not responsible for providing transportation to or from the *Internship/Experience/Job Training* activities. \*Transportation will be provided for students eligible for special education services who participate in job training as part of the educational day. (Ex: CLS, Strategies and VOICE Program).

Further, I agree to hold harmless Washoe County School District; its insurers, agents, employees, and representatives, in any claims, demands or expenses arising out of travel to, or participation in, the *Internship/Work Experience/Job Training* activities.

**I understand that I am solely responsible for the health and safety of my student/self and I acknowledge that my student/self is physically capable of participating in and completing this Internship/Work Experience/Job Training. It is further understood that I shall have the responsibility of advising said student/self of the risks, which are known or should be known, of such activities. I further agree to assume the responsibility of seeing that my son/daughter/self cooperates and conforms to the fullest extent with the Internship/Work Experience guidelines and instructions of the adults in charge.**

***Proof of Health Insurance***

Washoe County School District does not provide health or liability insurance coverage for Internship/Work Experience/Job Training students. If health and/or liability insurance coverage are required by the participating business, it is the responsibility of the student/self.

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian/Student Signature**

\_\_\_\_\_  
**Date**

***Non-Discrimination Statement:*** The Washoe County School District does not discriminate against any person on the basis of race, color, national origin or ethnicity, marital status, ancestry, sex, sexual orientation, gender identity or expression, genetic information, religion, age, mental or physical disability, or military or veteran's status; and the District shall provide equal access to designated youth groups.. If you have any questions or concerns regarding the non-discrimination policies contact: Office of the General Counsel at 425 East Ninth Street, Reno, Nevada 89512; 775-348-0200. Revised 8-25-2014

# GENERAL PERMISSION TO PARTICIPATE AND TRANSPORTATION PERMISSION RELEASE FORM

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Washoe County School District  
Student Support Services  
**COMMUNITY BASED VOCATIONAL EXPLORATION AND  
TRAINING PROGRAM**

\_\_\_\_\_  
(Student's Name)

has my permission to participate in the vocational inventory process for the current school year. I understand that my son/daughter may be transported from the school site in a WCSD vehicle.

In consideration of my child/ward/self being allowed to participate in the vocational inventory process, I hereby expressly relieve, indemnify, save, and hold harmless the Washoe County School District, the Board of Trustees of the District, and all agents or employees thereof, from and against any and all liability or claims arising from injury or damage to person or property; or both, caused by or resulting from said child's/ward's acts, omissions, or conduct while participating in the vocational inventory process. I also release and relieve the Washoe County School District, the Board of Trustees of the District, and all agents or employees thereof from any and all liability or claims arising from injury or damage suffered or incurred by said child/ward as a result of the

I understand this form will be kept on file and will serve as evidence of my permission for this school year.



Washoe County  
School District

\_\_\_\_\_  
Parent/Guardian/Self Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent daytime contact number



WASHOE COUNTY SCHOOL DISTRICT  
TRANSITION SERVICES OFFICE

**MEDIA CONSENT TO RELEASE FORM**

Dear Parent, Guardian, or Student:

Transition Services would like permission to videotape or photograph students who are in job training programs. Will you assist us by indicating your approval for your student's picture being used?

Thank you for your cooperation.

Yes, permission is granted for \_\_\_\_\_  
(please print student's name)

No, permission is denied for \_\_\_\_\_  
(please print student's name)

\_\_\_\_\_  
Signature of Parent/Guardian/Self

\_\_\_\_\_  
Date

**WCSD Community Based Vocational Exploration and Training Program  
STUDENT EMERGENCY INFORMATION**

CASE MANAGER: _____	SCHOOL: _____
DAYTIME PHONE: _____	CELL PHONE: _____

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

Date of Birth: \_\_\_\_\_ Circle One: Male ~ Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

Medical condition that may be of concern on training site (i.e. seizure or other medical condition):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's name and contact information: \_\_\_\_\_  
\_\_\_\_\_

\*This form is to be kept by the case manager. The school staff accompanying students during job training is required to have emergency contact information on hand while off site.