

TWIN RIVERS

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CAREER AND TECHNICAL EDUCATION AREA

P.O. BOX 1266, VINCENNES, INDIANA 47591

PHONE: 812-888-7030

Brandon R. Small
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Rebecca A. VanVleet
Treasurer
rvanvleet@twinriversarea.org

July 16, 2024

MEMORANDUM

To: Work Based Learning Students
From: Brandon Small, Career & Technical Education Director
Re: Student/Program Information

Welcome to the Twin Rivers Career and Technical Education Area. The first day of the Twin Rivers Work Based Learning program will be **Tuesday, August 6, 2024**. This is the date that you should start keeping track of your employment hours and the 1st day of your online assignments. Enclosed is information to assist in the start of the school year. Take the time to read this memo carefully and contact Mrs. Jessie Small directly with any questions.

1. This classroom portion of this program is 100% online. You will not meet with an instructor on a daily basis. However, Mrs. Small will be in your high school on a weekly or bi-weekly basis to meet one-on-one with students for help with homework or work based issues.
2. A copy of the Twin Rivers calendar is enclosed for your ease of planning your school year. Please note that your home school calendar and the Twin Rivers calendar may be slightly different. You will be expected to complete online assignments even if your home school is not in session.
3. Good communication with our program instructor Mrs. Small is **very important**. You may contact her via email at jsmall@twinriversarea.org or text/call her at 812-899-2401.
4. Lastly, we cannot express the importance of you starting the school year with a job and maintaining that job throughout the school year. Again, you cannot be successful in this program if you do not maintain a job throughout the school year.

The student handbook can be reviewed online at www.twinriversarea.org under the "Forms" tab.

The Twin Rivers staff is looking forward to an enjoyable and successful year. We are glad you have chosen to be a part of the program.

Enclosures: (2) Twin Rivers Calendar
Program Paperwork – Must be returned by July 31st

Twin Rivers CTE Area

2024-25 SCHOOL CALENDAR

Semester 1

Mon, Aug 5	Teacher Work Day - <u>All</u> Faculty Meeting
Tues, Aug 6	Students 1 st Day (Day 1)
Mon, Sept 2	NO SCHOOL – Labor Day
Wed, Sept 18	Staff Development – E-Learn Day
Fri, Oct 4	End of 1 st Grading Period (Day 43 for Students)
Mon, Oct 14 – Fri, Oct 18	NO SCHOOL Fall Break
Wed, Nov 27 – Fri, Nov 29	NO SCHOOL Thanksgiving Break
Fri, Dec 20	End of 2 nd Grading Period (Day 90 for Students)
Mon, Dec 23 – Fri, Jan 3	NO SCHOOL Christmas Break

Semester 2

Mon, Jan 6	Second Semester Begins (Day 91 for Students)
Fri, Feb 14	NO SCHOOL Winter Break
Mon, Feb 17	NO SCHOOL Presidents Day
Wed, Mar 5	Staff Development – E-Learn Day
Fri, Mar 7	End of 3 rd Grading Period (Day 133 for Students)
Mon, Mar 24 – Fri, Mar 28	NO SCHOOL Spring Break
Fri, Apr 18	NO SCHOOL Good Friday
Wed, May 21	End of 4 th Grading Period (Day 180 for Students)

Any school cancelations (that do not qualify for E-Learning) will be made up starting on Thurs, May 22 and continue until all 180 school days are complete.

An alternative calendar may be created, per the Director, for any Twin Rivers teacher who has a non-traditional teaching assignment within any of the cooperative schools. A Memorandum of Understanding will be established in the event an alternate calendar is established.

Finalizing Your Enrollment in Work Based Learning

“Remind 101”

Remind 101 is an app that teachers use to communicate with their students. If you have already been signed up and have received messages via text “Remind 101” no other actions is required for Remind 101, proceed to signing up for Google Classroom. Any student who fails to sign up for Remind 101 **will not** be successful in the Work Based Learning program. Follow the steps to complete the process.

1. Below find the school that you will be attending your senior year.
2. Text the Code that corresponds with your school to the number 81010
3. You will receive a message once you have completed this successfully.
4. After you receive your confirmation message please respond with your first and last name and High School you attend.

**You may also get the free app “Remind 101” and the messages will be delivered via this app.

School	Code	Text to
Barr Reeve	@breeve2	81010
Linton-Stockton	@linstock2	81010
North Daviess	@northd2	81010
South Knox	@southk2	81010
Sullivan	@aarows2	81010

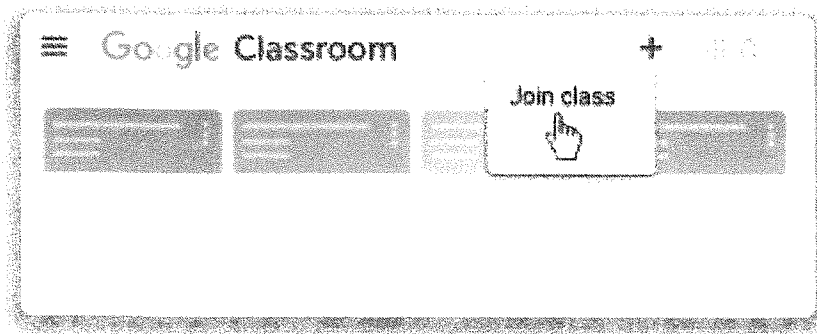
“Google Classroom”

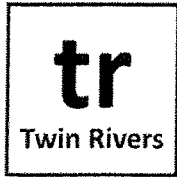
1. Below find the school that you will be attending your senior year.
2. Follow the “Join a class”

School	Code
Barr Reeve	hp7ukaq
Linton-Stockton	pw5byig
North Daviess	e7iahjj
South Knox	b3ammtx
Sullivan	v7w2uqs

Join a class with a class code

1. Go to classroom.google.com.
2. At the top, click Add **+** > Join class.





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Work Based Learning

Coordinator: Jessie Small Cell: 812-899-2401

Student Agreement Form

1. You must be a senior this upcoming school year and have completed the necessary Twin Rivers application forms to be considered for the WBL program. You must then be willing to complete and keep all paperwork current throughout the year.
2. You are responsible for starting the school year with your own job. You must have a job within two weeks of the first day of school. (The job should be career related if possible)
3. Your employer must agree to sponsor you in the WBL Program. The work site must be approved by the WBL Coordinator.
4. You must receive **at least minimum wage of \$7.25 per hour** and proper taxes must be taken from your pay following all state and federal guidelines
5. You must provide a copy of your pay stub every two weeks. This will be a class grade.
6. Employer must be able to provide proof of Workmen's Compensation.
7. You must work **15 hours each week on average**. Your work hours do not need to coincide with the school day, however it is, preferred. At the end of the school year you must have at least **500 hours of on-the-job work experience** (For example: 3 hours X 180 school days = 540 hours).
8. You **MUST** have your own transportation to and from work---you **MUST** have access to a vehicle.
9. **Do not quit your job!!** Confide in the Coordinator; discuss the issues you are having and other alternatives. You may be removed from the WBL program by quitting your job.
10. **If you get fired from your job and do not obtain a new job within two weeks you may lose all WBL credits and will be removed from the WBL program.**

11. Good attendance is important. **If you do not attend school, you cannot work that day unless a doctor or dentist note is on file.** Failure to follow this rule may result in being permanently removed from program.

12. Classroom portion of program will be internet based. You must have access to a computer and the internet.

13. Coordinator will meet with you periodically throughout the year or as needed upon request.

14. Coordinator will communicate with students via text message and email.

****I understand what is required of me to participate in the Work Based Learning Program with Twin Rivers.**

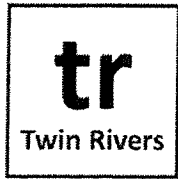
Student

Signature: _____ *Date:* _____

Print Name: _____ *School:* _____

Parent

Signature: _____ *Date:* _____



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Training Agreement

The following training agreement needs to be completed by the student, a parent or guardian of the student, training facility supervisor, and teacher.

Training Site/Supervisor

1. The supervisor at the training site will complete evaluations as scheduled by the teacher.
2. If the student is employed, the student employment will be within the provisions of all state and federal child labor laws and existing labor management agreements. The employer agrees to comply with all WBL regulations and if utilizing cooperative education follow all student-learner applicable state and federal regulations, will provide student trainees equal opportunity employment and will not discriminate on the basis of race, color, national origin, including limited English proficiency, sex or handicapping conditions.
3. The term of agreement should be for a period of one (1) year from the date agreed upon. Either party shall have the right to terminate this agreement upon sixty days of written notice.
4. The employer/facility will provide adequate staffing in the instructional areas so that no student will be expected to perform duties without supervision.
5. The employer/facility will provide an opportunity for the student to keep up to date with policies and new technology by notifying the school of changes in policies and technology.
6. The employer/facility will not employ or contract for the services of students or faculty members during established school hours.
7. To assure that the employer/facility has sufficient resources to meet its obligations under the agreement; both parties shall confer prior to the start of each semester regarding the students who will participate in the program at the facility and their approximate schedule for the semester.
8. It is the responsibility of the student, parent and the employer/facility to notify the coordinator in writing of any accident that occurred while at the training site.

Training Facility(Where you are working):	
Supervisor Name:	Supervisor email address and Phone #:
<i>I have read the above training agreement and understand my responsibilities as outlined by the agreement.</i>	

Supervisor's Signature: _____ **Date:** _____

School/Teacher Agreement

1. The coordinator will visit and/or contact the training site at regular intervals to assess the student learner, to discuss the student's progress and find out what related instruction is needed.
2. Safety orientation and procedures instruction pertaining to the training site will be supplied by the employer. General Work Based Learning instructions to the student will be covered in the related class by the teacher.
3. The employer and the school will provide instruction and experience at the training site and in the classroom.
4. The school assumes full responsibility for offering an accredited education program.
5. The instructor will plan the schedule and assist with assigning students to training sites.
6. Students and faculty will abide by existing rules and regulations of the facility insofar as they may pertain to their activities while in the facilities building. The facility supervisor and/or coordinator may remove students immediately that are believed to not be conducting their behavior in the best interest of the safety of themselves or others.
7. The school will require students and faculty to maintain current health records and immunizations.

Teacher's Name: Jessie Small

Contact Information: 812-899-2401

I have read the above training agreement and understand my responsibilities as outlined by the agreement.

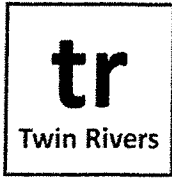
Teacher's Signature: _____ *Jessie Small* _____ Date: _____

Student Agreement: Students will

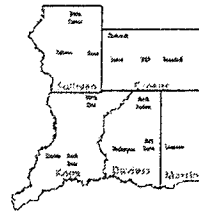
1. Complete designated instructional time and curriculum while maintaining academic grades, attendance and graduation requirements to progress to work based learning experience.
2. Complete the designated minimum hours of supervised training at assigned facility as directed by the school program.
3. Maintain minimum dress standards determined by your training site and/or program coordinator for professionalism and safety expectations.

4. Perform skills at the training facility that are appropriate and within the training instructions.
5. Contact the following prior to their scheduled time: a) the school (parent or guardian) b) training facility (student) c) instructor (parent or student) if they will be absent from or tardy to the school or training facility for any reason.
6. Provide his/her own transportation to and from the training site.
7. Remain at the training site unless a request to transfer is approved by the teacher-coordinator. All training sites must be approved by the teacher-coordinator.
8. Be removed from the program or prevented from returning to an advanced class if students are released from the training site by the facility for a justified reason.
9. Report a worksite related injury to the coordinator by the end of the next school day.
10. Follow the provisions of the state and federal child labor laws.
11. Not be required, or recommended, to drive to, or report to, any WBL site during any part of a day covered by an announced school delay or school cancellation due to extreme inclement weather. However, we will not interfere with individual student decisions to drive to, or report to, any WBL site during any such period if the student, the student's parents (if the student is under the age of 18) and the student's WBL site supervisor conclude that such travel can take place without undue risk to student safety.

Student Name:
Student Home School:
Parent or Guardian Name and Phone number:
<p><i>I have read the above training agreement and understand my responsibilities and relationship to the program as outlined by the agreement.</i></p> <p>Student's Signature: _____ Date: _____</p> <p><i>I have read the above training agreement and understand the responsibilities assigned to my child and the relationship to the program.</i></p> <p>Parent's Signature: _____ Date: _____</p>



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Release of Information Form

Student Name: _____

School Year: _____

Date of Birth: _____

A successful Work-Based Learning program relies on open communication between the student, parents, Site Supervisor, and the WBL Coordinator. **There may be instances in which the Work-Based Learning Coordinator (or guidance counselor, or school administrator) may find it necessary to release information about the student to the WBL placement site, or to potential Site Supervisors.** This information may include, but is not limited to, cell phone numbers, transcript information, health records, classroom grades and progress, special education modifications, etc.

By signing below, you indicate that you understand the necessity of this and you provide permission to Twin Rivers and/or its representatives to release such information to Supervisors or training station employees, as the Work-Based Learning coordinator deems appropriate.

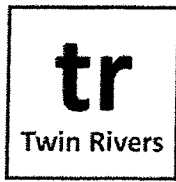
By signing, you release Twin Rivers and/or its representatives from any and all liability and damages that may result from the release of this information. A photocopy of this authorization shall be considered as effective and valid as the original.

Student Signature

Date

Parent/Guardian Signature

Date



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WBL Confidentiality Agreement

I understand that in the course of my WBL experience I may have access to and be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to clients, employees, and staff or company business.

I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my WBL experience. I understand that I will not share, discuss, or reveal any of this information with anyone.

I understand any breach of confidentiality may result in disciplinary action, including termination or legal action and removal from the program.

I certified by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information and its treatment. I agree to adhere to and uphold the private and privileged information therein.

Student Printed Name: _____ School Name: _____

Student Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

WBL Coordinator Jessie Small Date: 7-3-24



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Hazardous Equipment Form

Equipment	Use or purpose of Equipment

In this area you would list items that are potentially hazardous and their use. (Ex: meat slicers, fryer, sharp kitchen utensils, sharpeners, grinders, heavy duty mixers, compactors, box balers, farm or construction heavy equipment, saws, drills, misc tools, and chemicals. If you are in question if your job deals with hazardous equipment, please direct questions to your instructor.

Required Signatures

Student Name (Printed): _____
 Student Signature: _____ Date: _____

Supervisor Name (Printed): _____
 Supervisor Signature: _____ Date: _____

Teacher Name (Printed): Jessie Small
 Teacher Signature: Jessie Small Date: 7-2-24

Parent/Guardian Name (Printed): _____
 Parent/Guardian Signature: _____ Date: _____

Twin Rivers CTE Area- 20 North Third Street, P.O. Box 1266 Vincennes, IN 47591
 Jessie Small-Work-Based Learning Coordinator Phone:(Cell) 812-882-0801
 jsmall@twinriversarea.org (email)