

**DETROIT PUBLIC SCHOOLS  
UNPAID IN-DISTRICT PLACEMENT AGREEMENT**

District: \_\_\_\_\_ School: \_\_\_\_\_ School Year: 2010 - 11

**IMPORTANT: In-District (In-School) Placements MUST be directly related to one of the following (check one):**

- STATE-APPROVED CAREER AND TECHNICAL EDUCATION (CTE) WORK-BASED LEARNING

Program serial number (PSN) of related state-approved CTE program: \_\_\_\_\_

Name of Related State-Approved CTE Program: \_\_\_\_\_

**If the PSN and CTE Program Name are not filled in, this WILL result in an FTE deduction**

- POSTSECONDARY CAREER AND EMPLOYMENT GOALS AND OBJECTIVES IN THE PUPIL'S TRANSITION SERVICES PLAN DEVELOPED FOR A PUPIL RECEIVING SPECIAL EDUCATION SERVICES

**A copy of the pupil's transition services plan must be attached to this agreement and must directly relate to the placement. Failure to meet this criteria WILL result in a FTE deduction**

**Student/Learner Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_ **Grade (11-12 Only):** \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Emergency Contact Information: \_\_\_\_\_

**In-District Assignment Information**

In-District Placement/Assignment: \_\_\_\_\_ Class Period: \_\_\_\_\_

Certificated Teacher/Coordinator (If Related to State-Approved CTE

Program, Teacher Must Be Vocationally Certificated) \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Note: Different training experiences can occur at one location if there are multiple training plans with a whole set of separate skills (no duplication of tasks) with the training agreement that clearly defines separate training experiences every 45 hours.

Hours to be worked:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<b>Beginning Time</b>					
<b>Ending Time</b>					

\*Hours per week: Number of High School Credits Granted: \_\_\_\_\_

\*Cannot compute to more than 1/2 of the pupil's FTE.

Placement coordinator verification that safety instruction has been provided: \_\_\_\_\_ (initials)

Date of Safety Training: \_\_\_\_\_

**Training Plan**

**IN ORDER FOR THIS AGREEMENT TO BE VALID, A RELATED TRAINING PLAN FOR THE PUPIL BEING PLACED MUST BE ATTACHED OUTLINING THE SPECIFIC PERFORMANCE ELEMENTS/JOB SKILLS THAT THE STUDENT WILL BE LEARNING. [Because this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed on the training plan for each 45 hours of placement.]**

**Attached**

**Student Responsibilities [Local district determines these responsibilities]**

1. Complete work assignments in a timely manner.
2. Complete activity log sheets on a regular basis.
3. Complete work hours verification on a regular basis.
4. Be in assigned location on days and times scheduled.
5. Follow school's health and safety work rules.
6. Abide by all policies and procedures of the program, school district, and the school building.
7. Maintain good attendance in school.
8. Maintain grades in all subject areas.
9. Bring assignment/work problems to attention of the vocationally certificated teacher/coordinator.

**School Responsibilities [Local district determines these responsibilities]**

1. The placement relates to the student's career/education goals as outlined in their education development plan (EDP).
2. Program operates during the school day on school premises.
3. The vocationally certificated teacher/coordinator makes at least one visit, every nine weeks, to the in-district placement training site.
4. Student is regularly supervised by certified staff and provided instruction in areas of skill attainment and work safety.
5. The pupil is eligible to receive credit towards a high school diploma for the work-based learning experience
6. Daily attendance is recorded.
7. The program must not violate the Fair Labor Standards Act and the Youth Employment Standards Act.
8. The program is designed primarily for the benefit of the student; assignments are progressive in nature; no wage entitlement; students do not displace district employees.
9. Students may not assist or work for independent contractors or vendors of the school district.

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

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

\_\_\_\_\_  
Certificated Teacher/Coordinator Signature (If Related to State-Approved CTE Program, Teacher Must Be Vocationally Certificated) Date

\_\_\_\_\_  
Principal or Designee Signature Date

NOTICE OF NONDISCRIMINATION: It is the policy of this School District not to discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: \_\_\_\_\_

Required Attachment: Training Plan  
Optional Attachment: Student Schedule