

## MEMO

**TO:** WBL-Coop Applicants  
**FROM:** Mrs. Beck  
**DATE:** March 8, 2019  
**SUBJECT:** Application for WBL-Coop (“Coop”) for SY 2019-20

Thank you for your interest in Work-Based Learning—Cooperative Education (WBL-Coop or Coop) for next school year.

This packet contains the information you need to apply for the program. Each item is described below. Check each item off as you complete it.

Acceptance into the program is not automatic. Follow instructions carefully if you are serious about enrolling in Coop for your junior or senior year of high school.

1. **Application for Work-Based Learning—Coop:** Complete front and read the back of form very carefully. If you and your parent agree to the back side of the Application, sign, date, and return to Mrs. Beck or Mrs. Hamner by March 21, 2019.
2. **TCSS WBL-Cooperative Education Regulations and Policies:** Read very carefully. Sign, date, and return to Mrs. Beck or Mrs. Hamner by March 21, 2019.
3. **Proof of Insurance and Emergency Contact Form:** Complete and return to Mrs. Beck or Mrs. Hamner by March 21, 2019.
4. **CTE Teacher Recommendation Form #1:** Complete Date, CTE Teacher’s name, and Student’s Name at the top of the form. Hand to your CTE teacher (D. Hughes, Hardin, Dustin Wright, Workman, Beck, or other Career Tech teacher) with request to complete your recommendation for Coop. If you are new to NHS, let Mrs. Beck know which teachers at your former school should receive the form.
5. **Teacher Recommendation Form #2 and Teacher Recommendation Form #3:** Complete Date, Teacher’s name, and your name at the top of the forms. Hand each one to a teacher of your choice with the request to complete your recommendation for Coop.
6. **Transcript, Discipline Record, Attendance Record:** Mrs. Beck will print these for you.
7. **NHS Off-Campus Release Form:** Complete and return to Mrs. Beck or Mrs. Hamner by March 21, 2019.
8. **Credentials:** Please make a list of credentials you have earned or enclose copies of your certificates. An example is the Microsoft Office Specialist PowerPoint or ServSafe Manager certification.

Interviews with Mrs. Beck will be scheduled after March 21, 2019. Bring your resume to the interview.

I look forward to working with you!

ltb



# APPLICATION FOR WORK-BASED LEARNING—COOP 2019-2020 SCHOOL YEAR

PLEASE TYPE OR PRINT ALL INFORMATION.

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

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME

HOME ADDRESS: \_\_\_\_\_  
HOUSE STREET CITY STATE ZIP

STUDENT TELEPHONE NUMBERS: CELL: \_\_\_\_\_ HOUSE: \_\_\_\_\_ CURRENT GRADE LEVEL: \_\_\_\_\_

DATE OF BIRTH INCLUDING YEAR: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YOUR AL DRIVER'S LICENSE NUMBER: \_\_\_\_\_ DO YOU HAVE RELIABLE TRANSPORTATION TO WORK?  YES  NO

HOW MANY PERIODS OF WBL-COOP DO YOU WISH TO TAKE?  1 FOR 1 CREDIT  2 FOR 2 CREDITS  3 FOR 3 CREDITS  4 FOR 4 CREDITS

WHAT CAREER TECHNICAL COURSES HAVE YOU TAKEN?  
 CAREER PREP  FACS COURSES  WELDING  BUSINESS  COOP 1  COOP 2  COOP 3  COOP 4  HEALTH OCCUPATIONS  
 AUTO TECH  CONSTRUCTION  COSMETOLOGY  OTHER: \_\_\_\_\_

WHAT CAREERS MOST INTEREST YOU? \_\_\_\_\_  
1<sup>ST</sup> CHOICE 2<sup>ND</sup> CHOICE 3<sup>RD</sup> CHOICE

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_

PARENT'S TELEPHONE: \_\_\_\_\_  
HOME WORK CELL OTHER

PARENT'S EMAIL: \_\_\_\_\_ PARENT'S PLACE OF EMPLOYMENT: \_\_\_\_\_

WHAT HEALTH PROBLEMS DO YOU HAVE THAT WOULD INTERFERE WITH **REGULAR ATTENDANCE** ON THE **JOB** OR AT **SCHOOL**? ARE YOU UNDER A DOCTOR'S CARE FOR THESE OR OTHER HEALTH PROBLEMS THAT WOULD AFFECT YOUR WORK OR ATTENDANCE?  YES  NO PLEASE EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

LIST 3 TEACHER REFERENCES (1 CTE REQUIRED): \_\_\_\_\_  
1<sup>ST</sup> TEACHER (CTE) 2<sup>ND</sup> TEACHER 3<sup>RD</sup> TEACHER

YOUR CURRENT EMPLOYER:  
COMPANY: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
WHAT HOURS DO YOU WORK? \_\_\_\_\_  
WHAT IS YOUR JOB TITLE? \_\_\_\_\_  
WHEN DID YOU START WORKING AT THIS COMPANY? \_\_\_\_\_

WHAT COURSES DO YOU PLAN TO TAKE NEXT YEAR?  
1 ENGLISH \_\_\_\_\_  
2 MATH: \_\_\_\_\_  
3 SCIENCE: \_\_\_\_\_  
4 HISTORY: \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_

ARE YOU WILLING TO WORK AS AN UNPAID INTERN DURING PERIODS OF UNEMPLOYMENT?  YES  NO

DO YOU HAVE AN UPDATED RESUME?  YES  NO

# AGREEMENT AND SIGNATURES

## TO THE STUDENT AND PARENT:

Work-based Learning—Coop (“Coop”) provides an opportunity to earn credit for employment that should relate to your career goals. You are responsible for finding suitable employment with a company that will work with school officials, and schedule enough hours to work a **minimum** of 140 hours **per credit** earned for the year. An unpaid internship will be used during periods of unemployment.

If you complete 140 hours before the end of the school year, you must continue working and submitting required paperwork regardless of when the minimum hours are reached. Hours may be a combination from different employers. An internship or other planned program of study at the discretion of the Coordinator will be required if no paid employment is available until the end of the school year.

You must wear appropriate clothing to interviews and on the job.

You must provide transportation to interviews and to work. You must leave campus even if you are not scheduled to work on a particular day.

During the school year, you will be required to meet with the coop teacher. This is usually once a week but may be more or less often.

You are required to sign out on the WBL-Coop sign out form each day as you leave campus. If you work in the morning, you are required to sign in on the WBL-Coop sign in form each day as you arrive. Leaving for work or arriving after work are part of your school day and do not count as check-outs or check-ins.

If you are absent from school, you are not allowed to attend work without specific permission from the coop teacher. You are required to text or call the teacher for absences and/or special permission. A telephone number and email address will be provided for this purpose.

Your grade for each coop credit is determined by several factors including but not limited to turning in completed and signed paperwork by stated deadlines, attending weekly meetings with the teacher, participating in assigned learning activities, employer evaluations, and working and/or seeking employment during the school year. Paperwork includes but is not limited to monthly time sheets, copies of pay stubs, copy of Form W-2, Training Plan, Training Agreement, and coop application with its related documents.

The coop teacher reserves the right to make adjustments to your Training Plan as deemed necessary to meet your goals. For example, you may be required to volunteer to complete your work hours or you may be excused from working for a specified period of time due to documented health reasons. These types of adjustments are individually determined and are not assumed to be automatic for all students.

You are encouraged to join one of the Career Technical Student Organizations—FBLA, FCCLA, Skills USA. Check with the sponsor to determine the dues, which may be in addition to the fees charged for WBL-Coop. See the Course Catalog for fee structure.

If you accept these responsibilities, please sign and date below.

**Student’s signature:** \_\_\_\_\_

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

I agree to the terms stated above; give consent for my child to enroll in WBL-Coop; understand a fee is charged for a WBL-Coop credit; and agree to provide transportation to seek, apply for, and attend work whether paid or unpaid. I further agree to be responsible for the whereabouts and behavior of my child on days he/she is not scheduled to work. I understand my child must leave the school campus at the start of the first Coop period even when the child is not scheduled to work on a given day.

**Parent’s signature:** \_\_\_\_\_

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

**TCSS** **WBL-COOPERATIVE EDUCATION**  
TUSCALOOSA COUNTY  
School System **REGULATIONS AND POLICIES**

**Please read the following rules and regulations. Students who do not wish to follow these regulations should not apply for the program.**

1. Student acknowledges that the primary purpose of Work-Based Learning—Coop (WBL) is educational and, therefore, agrees to abide by the Coop program policies and decisions of the Coop Teacher (“Coop Teacher”), including those regarding specific job placements.
2. Student acknowledges that the school through the Coop Teacher is acting as an intermediary between the training mentor and student and that the Coop Teacher has a legitimate right to know and a significant role in determining the outcome of any job issues including, termination, scheduling, assignments, and all other aspects of student employment.
3. Work-Based Learning students who fail to perform satisfactorily in all subject areas during any grading period and who fail to improve during the next grading period may be asked to resign from his/her placement.
4. A student suspended from school should not be allowed to attend work during the suspension. On the second offense he/she may be dropped from the Work-Based Learning program with a loss of all credit.
5. A student must comply with TCSS attendance policy to participate in the program.
6. A student losing his/her job due to any action deemed unacceptable by the school and Coop Teacher will be dropped from the program with possible loss of all credit.
7. A student whose job is terminated for any reason is to report to the Coop Teacher. Failure to do so results in the student being dropped from the WBL program.
8. A student not attending regular school classes cannot work on the day(s) he/she is absent.
9. In case of absence, the student is required to call the Coop Teacher and his/her employer before class or working period.
10. Personal business handled at the job is prohibited.
11. Friends or family are not to visit the student at the job.
12. A student is to be on time at school as well as the job.
13. Parents should understand that the job is the student’s responsibility to the employer and not interfere with the performance of his/her duties.
14. Business rules for dress and personal hygiene will be observed.
15. Since training is the primary objective, a student is expected to remain with the job to which he/she is assigned. Students may resign or change placements only with the express written permission of the Coop Teacher and following business practices for resignation. Students who fail to follow these procedures are subject to being dropped from Work-Based Learning—Coop.
16. The student organization is an integral part of a student’s Career/Technical Education program. Therefore, all students are encouraged to participate in and actively support the Career/Technical Education student organization that relates to their career objective. (FBLA , FCCLA, Skills USA).
17. When Work-Based Learning students honor their training mentors with a banquet, reception, etc., all students are expected to attend with their employers as their guests. The co-op student will be responsible for the cost involved with the project.
18. Students are placed to train and are under the supervisions of both the Coop Teacher and employer where they are placed.
19. Students must abide by all school rules and regulations for other students and consider themselves under the jurisdiction of the school while at work.
20. Transportation to and from the job is the responsibility of the student/parent/guardian. Transportation problems do not justify absence from the job.
21. Student drivers must have a valid Alabama Driver’s License and must furnish a proof of their liability coverage for the automobile.
22. Students will leave the campus immediately following the last scheduled class. If for any reason a student needs to remain on campus, permission must be obtained from the Coop Teacher or School Administrator.
23. The Coordinator will make adjustments to the Training Plan as deemed necessary to meet student’s goals (e.g., require student to volunteer to complete work hours or excuse from working for a specified period of time due to documented health reasons). Adjustments are individually determined and are not assumed to be automatic for all students.
24. **Fees for Cooperative Education:** \$25 for a Cooperative Education credit or as stated in the TCSS 2019-20 Course Catalog.
25. **Minimum requirements for Cooperative Education.**  
**Prerequisites:** Two credits within a CTE program are recommended but not required.  
**(1) Career Preparedness:** One credit course (or proof of competency in course standards).  
**(2) Work-Based Training (On the job):** A *minimum* of 140 successful hours **per credit**. Students are *not* allowed to stop working upon completion of the minimum work hours. Summer hours are not included in the minimum requirement. Each student must keep a record of hours worked each day and wages earned. These records are checked by the Coop Teacher and verified with the employer. Approved unpaid internships are eligible.  
**(3) Paperwork and Meetings with Coop Coordinator:** Submission of paperwork and periodic meetings with the Coordinator are required and part of the grade earned for WBL-Coop.

**I have read the foregoing rules and policies for cooperative education students and agree to follow them to the best of my ability.**

**Student** \_\_\_\_\_

**Parent** \_\_\_\_\_

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

## PROOF OF INSURANCE AND EMERGENCY CONTACT FORM

### STUDENT'S AUTO INSURANCE INFORMATION:

Does student drive to work?  Yes  No

If "yes," provide insurance information for student's coverage.

If "no," provide insurance information for person who will be driving student to work.

Insured's Name: \_\_\_\_\_

Name of Insurance Plan: \_\_\_\_\_

Insurance Card ID/Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please attach a copy of card or other proof of auto insurance.

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### EMERGENCY CONTACT INFORMATION:

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

Relationship: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Nighttime Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Work-Based Learning/Cooperative Education Program Northside High School

### OFF-CAMPUS PERMISSION AGREEMENT

The Work-Based Learning/Cooperative Education Program at Northside High School allows students enrolled in the program to leave school campus every day at the start of the assigned coop period for the purpose of continuing the student’s school day through intern or apprentice employment.

Students in WBL/Coop must have reliable transportation. “Reliable transportation” usually means the student drives him/herself from campus to work. However, it may also mean that a responsible and dependable adult transports the student from campus to work. In either situation, the driver is expected to abide by all traffic laws/regulations, avoid dangerous and reckless driving, furnish valid automobile insurance as required by state law, and operate the vehicle with a valid driver’s license. Student drivers agree not to transport other students during this time. Adult drivers are expected to be waiting on the coop student at the start of the first assigned coop period every school day.

Students are to sign out daily at the start of the assigned period in the front office and additionally meet with/sign out with the WBL/Coop coordinator/teacher once a week unless noted otherwise through GroupMe or other messaging. The purpose of the weekly sign out is to handle paperwork and instruction necessary for the program.

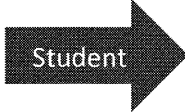
Students are to immediately leave campus at the start of coop. Students are not allowed to stay or return to campus (including the parking lot) after they have signed out unless arranged, approved, or told otherwise by the WBL/Coop coordinator/teacher.

On days when the student is not scheduled to work, the parent/guardian is responsible for communicating to the student where to go and what to do during the coop periods on the student’s schedule.

I have read, understand, and agree to follow the terms of this Off-Campus Permission Agreement.

Check one:

- I am a student driver with a valid driver’s license.
- An adult provides my transportation from campus to work.
- I drive occasionally; an adult provides the majority of my transportation.

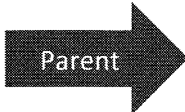


STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I have read, understand, and agree to follow the terms of this Off-Campus Permission Agreement.

Check all that apply:

- I grant permission for my child to drive from campus to work.
- An adult provides my child’s transportation from campus to work.



PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# CTE TEACHER RECOMMENDATION FORM #1

## APPLICATION FOR WORK-BASED LEARNING--COOP

TODAY'S DATE: \_\_\_\_\_

CTE TEACHER: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ has applied for Coop. Students in this program receive classroom instruction in local businesses and industries. Using your knowledge of the student, please rate the student on the characters indicated below.

Trait/Quality	Rating				
	Poor	Below Average	Average	Above Average	Superior
<b>Dependability:</b> Able to work with little supervision, prompt, sincere, consistent, truthful, follows instructions					
<b>Leadership:</b> Aggressive, resourceful					
<b>Industriousness:</b> Persistent, good work habits, makes wise use of time					
<b>Thoroughness:</b> Accurate, completes work carefully					
<b>Appearance/Grooming:</b> Clean, neat, orderly, poised					
<b>Ability to Get Along with Others:</b> Adaptable, friendly, tactful, cooperative					
<b>Social Habits:</b> Good attitude, self-controlled, honest, not inclined to complain or argue					
<b>Attendance:</b> Present and on time, begins work without delay					
<b>Mental Alertness:</b> Attentive, interested, observant, eager to learn					
<b>Academic Performance:</b> Completes assignments, meets deadlines, masters content					

May the student place your name as a reference on a resume and/or applications?  YES  NO

If you were an employer, would you want this student working for you and representing your company?  YES  NO

YOUR NAME (PRINTED): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Tuscaloosa County School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person(s) has been designated to handle inquiries regarding non-discrimination policies: **Mr. Greg Hurst, 504 Coordinator (205.342.2724; ghurst@tcss.net)** and **Mr. David Patrick, Title IX Coordinator (205.342.2783; dpatrick@tcss.net)** at 1118 Greensboro Avenue, Tuscaloosa, AL 35401.

Please complete and place in Mrs. Beck's box before the end of school day.  
Thank you!



# TEACHER RECOMMENDATION FORM #2

## APPLICATION FOR WORK-BASED LEARNING--COOP

TODAY'S DATE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ has applied for Coop. Students in this program receive classroom instruction in local businesses and industries. Using your knowledge of the student, please rate the student on the characters indicated below.

Trait/Quality	Rating				
	Poor	Below Average	Average	Above Average	Superior
<b>Dependability:</b> Able to work with little supervision, prompt, sincere, consistent, truthful, follows instructions					
<b>Leadership:</b> Aggressive, resourceful					
<b>Industriousness:</b> Persistent, good work habits, makes wise use of time					
<b>Thoroughness:</b> Accurate, completes work carefully					
<b>Appearance/Grooming:</b> Clean, neat, orderly, poised					
<b>Ability to Get Along with Others:</b> Adaptable, friendly, tactful, cooperative					
<b>Social Habits:</b> Good attitude, self-controlled, honest, not inclined to complain or argue					
<b>Attendance:</b> Present and on time, begins work without delay					
<b>Mental Alertness:</b> Attentive, interested, observant, eager to learn					
<b>Academic Performance:</b> Completes assignments, meets deadlines, masters content					

May the student place your name as a reference on a resume and/or applications?  YES  NO

If you were an employer, would you want this student working for you and representing your company?  YES  NO

YOUR NAME (PRINTED): \_\_\_\_\_

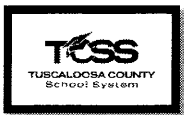
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Thank you!





# TEACHER RECOMMENDATION FORM #3

## APPLICATION FOR WORK-BASED LEARNING--COOP

TODAY'S DATE: \_\_\_\_\_

TEACHER: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ has applied for Coop. Students in this program receive classroom instruction in local businesses and industries. Using your knowledge of the student, please rate the student on the characters indicated below.

Trait/Quality	Rating				
	Poor	Below Average	Average	Above Average	Superior
<b>Dependability:</b> Able to work with little supervision, prompt, sincere, consistent, truthful, follows instructions					
<b>Leadership:</b> Aggressive, resourceful					
<b>Industriousness:</b> Persistent, good work habits, makes wise use of time					
<b>Thoroughness:</b> Accurate, completes work carefully					
<b>Appearance/Grooming:</b> Clean, neat, orderly, poised					
<b>Ability to Get Along with Others:</b> Adaptable, friendly, tactful, cooperative					
<b>Social Habits:</b> Good attitude, self-controlled, honest, not inclined to complain or argue					
<b>Attendance:</b> Present and on time, begins work without delay					
<b>Mental Alertness:</b> Attentive, interested, observant, eager to learn					
<b>Academic Performance:</b> Completes assignments, meets deadlines, masters content					

May the student place your name as a reference on a resume and/or applications?  YES  NO

If you were an employer, would you want this student working for you and representing your company?  YES  NO

YOUR NAME (PRINTED): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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Thank you!

