

MISSISSIPPI OCCUPATIONAL DIPLOMA



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INTRODUCTION

In accordance with Senate Bill No. 2578 of the Mississippi Legislative Session, 2001, the Mississippi Department of Education has developed criteria for an occupational diploma for students with disabilities. This diploma option expands the opportunities available for special education students to the following:

- Academic course of study aimed at obtaining a regular high school diploma, or
- Occupational course of study aimed at obtaining a occupational diploma, or
- Graduation Certificate as specified by Mississippi Code 37-16-11, or
- General Education Equivalency Certificate (GED).

Students choosing to participate in this occupational course of study must have 20 course credits, career/technical requirements, and an approved portfolio containing a collection of evidence of the student's knowledge, skills and abilities related to the occupational core curriculum. The primary postgraduate goal for these students is competitive employment.

The decision regarding participation in this program will be made by the student's Individualized Education Program (IEP) team, which must contain a school counselor. Program and diploma options are to be reviewed annually by the IEP team and revisions made as necessary.

The Individuals with Disabilities Act (IDEA) was re-authorized to include transition services for students with disabilities. Beginning at age 14 and younger, if appropriate and updated annually, each student's IEP must include a statement of transition service needs under the applicable components of the student's IEP that focuses on the student's courses of study (such as participation in advanced-placement courses or a vocational education program. Beginning at age 16 and younger, if appropriate, each student's IEP must address the following transition activity areas:

- Instruction,
- Community experiences,
- Employment and training,
- Post-school adult living, and
- Functional vocational evaluation and daily living skills, when appropriate.

This occupational diploma option provides a flexible structure for school districts to meet the transition needs of young adults with disabilities.

The Mississippi Occupational Diploma provides a viable option to students with disabilities and emphasizes high expectations in both academics and work experiences that will assist students to acquire and maintain the necessary competencies and skills needed to secure and retain competitive employment.

Mississippi Occupational Diploma Requirements

The Mississippi Occupational Diploma is available for students with disabilities as defined by the Mississippi Code, Section 37-16-11 (1), and by the Individuals with Disabilities Education Act (Public Law 101-476). Students who begin the ninth grade in the 2002-2003 school year, must earn the following course credits and successfully complete an approved occupational portfolio in order to be awarded the Mississippi Occupational Diploma.

A student may also begin this program in the 10th, 11th, or 12th grades. Students entering after the ninth grade must also meet the 20 required course-credits listed below for the occupational diploma. Their IEP team, which must include a school counselor, will determine the transfer of credits from the regular education program to the occupational diploma program as well as the technical and portfolio requirements outlined later in this document.

MINIMUM COURSE CREDITS (20)

REQUIRED COURSE CREDITS

English Language Arts

Four (4) credits to include the equivalent of: 4

Employment English I	1
Employment English II	1
Employment English III	1
Applied Employment English IV (On The Job)	1

Mathematics

Four (4) credits to include the equivalent of: 4

Job Skills Math I	1
Job Skills Math II	1
Job Skills Math III	1
Applied Job Skills Math IV (On The Job)	1

Science

Four (4) credits to include the equivalent of: 4

Life Skills Science I	1
Life Skills Science II	1
Life Skills Science III	1

Social Studies

Four (4) credits to include the equivalent of: 4

Career Preparation I	1
Career Preparation II	1
Career Preparation III	1
Applied Career Preparation IV (On The Job)	1

Career/Technical Education (Special Education Occupational) 2

For students not pursuing the Two Year Career/Technical (Vocational Program)

Career/Technical Education Grade 10 <i>School Based Work Assessment (30 hrs)</i>	1
Career/Technical Education Grade 11 <i>Community Based Work Training (30 hrs)</i>	1

OR IN LIEU OF THE FOUR APPLIED (On The Job) COURSES:

Completion of a two year Career/Technical (Vocational) Program 4

OPTIONAL COURSE CREDITS AS DETERMINED BY THE INDIVIDUAL EDUCATION PLAN (IEP) COMMITTEE

Special Education examples:

- Reading I (as identified by IEP)
- Reading II (as identified by IEP)
- Reading III (as identified by IEP)
- Reading IV (as identified by IEP)

General Education curriculum courses deemed appropriate for individual student.

MINIMUM TOTAL 20

CAREER/TECHNICAL REQUIREMENTS

- Five hundred forty (540) hours of successful paid employment, as outlined and acquired through the *Applied Courses* under the Occupational Diploma Track.

Or

- Successful completion of a two (2) year career/technical (Vocational) program.

OCCUPATIONAL PORTFOLIO

Students seeking a Mississippi Occupational Diploma must successfully complete an approved Occupational Portfolio. The minimum requirements for the portfolio are as follows:

- As each content standard is taught in the core curriculum courses, items of evidence representative of the student's level of acquisition of the content standard must be collected by that teacher and documented in the portfolio. Items of evidence must be included in the student's portfolio for all content standards. A single item of evidence may be used to document more than one content standard and in more than one core curriculum course.
- In the tenth grade, the student must have successful experience and acceptable work performance evaluations in three to six school-based work assessment experiences, six to eight job shadowing experiences, or a combination of the above for a minimum total of 30 hours. This requirement may be waived in lieu of a minimum of 30 hours of other work experiences if agreed upon by the student's IEP team. The substituted work experience must be documented and noted in the student's portfolio.
- In the eleventh grade, the student must have successful experience and acceptable work performance evaluations in two to four community-based work training experiences with a minimum of 30 hours. This requirement may be waived if the student successfully completes a planned sequence of courses (from a career/technical (vocational) education course of study) in their chosen career/technical education field that designates the student as a "program completer" (4 credits).
- Students must have documented evidence of a minimum of 540 hours (as a part of the *Applied Courses*) of successful paid employment while enrolled in the Cooperative Career/Technical Education Program by the end of their senior (exiting) year.
- An exit IEP team meeting must be held before the student graduates to evaluate the accomplishment of the goals and objectives of the IEP and the completion of all requirements for the Mississippi Occupational Diploma. At this meeting, the student will present his or her Occupational Portfolio for review by the IEP team. Content standards without documentation indicate a need for instruction that must be addressed by the student's IEP team before the student will be considered a candidate to receive the occupational diploma.
- The final Occupational Portfolio will be reviewed and approved prior to graduation by the principal or his/her designee.

Mississippi Occupational Diploma Components

Curriculum Component

The Mississippi Occupational Diploma framework is composed of instructional strands and content standards incorporated in the core curriculum areas listed below.

Employment English
Life Skills Science

Job Skills Math
Career Preparation (Social Studies)

The Occupational Diploma Curriculum may be implemented in any Least Restrictive Environment deemed appropriate by the IEP team. A brief description of each of the core curriculum areas for the occupational course of study follows:

Employment English delineates functional content standards necessary for achieving reading, writing, and language competency in the workplace and in community life. Reading focuses on decoding and comprehending essential information for successful community inclusion; writing emphasizes comprehending and using written information to communicate with others effectively; and language competencies focus on receptive and expressive communication modes, and the mechanics, grammar, and usage conventions of standard English. The student is expected to acquire and master the skills in whatever mode of communication is appropriate.

Job Skills Math engages the student in acquisition of functional math concepts designed to equip the individual with math skills needed for successful employment and independent living. Content standards include basic math skills such as numerical operations, decimals and fractions, basic geometric concepts, and basic calculator and computer skills. Students may use a calculator for the more complex mathematical operations. Essential workplace competencies and applications are emphasized as well as independent living needs such as budgeting, personal finance, and banking skills.

Life Skills Science prepares students with disabilities for independent living by providing awareness and acquisition of health care knowledge, personal self-care skills, and basic scientific concepts relevant to productive independent living and employment. This curriculum area targets the skills required to surmount personal social barriers related to disabilities. Although these barriers frequently present employment difficulties, they will be addressed and minimized through concentrated intentional teaching of appropriate behaviors and skill development through Life Skills Science.

Career Preparation (Social Studies) includes community-based instruction that will enable students with disabilities to practice previously learned concepts in an authentic setting. Skills to be developed and applied include community orientation skills, mobility skills, basic geographical concepts, governmental concepts, and the individual's role as a citizen in a democratic republic. Instruction in consumer responsibilities enables the young adult to demonstrate basic principles of prudent personal money management, including paying taxes and saving for a planned, secure future.

Career/Technical Component (Special Education Occupational)

The career training portion of the occupational program of study consists of the following four components:

School-Based Work Assessment (On-Campus Jobs): Beginning in the tenth grade, students have the opportunity as part of the career assessment component to work in jobs with an employee of the school system. On-campus jobs will be supervised by the transition teacher (special education and/or career/technical education) and/or the transition assistant. In the tenth grade, the student must have successful experience and acceptable work performance evaluations in three to six school-based work experiences, six to eight job shadowing experiences, or a combination of the above for a minimum total of 30 hours. This requirement can be waived in lieu of a minimum of 30 hours of other community-based

training experiences if agreed upon by the IEP team. The substituted work experience must be documented and noted in the student's portfolio.

Community-Based Work Training: Beginning in the eleventh grade, students will have the opportunity as part of the career training component to train with employees at local businesses. Students will be assisted with arrangements for transportation. In the eleventh grade, the student must have successful experience and acceptable work performance evaluations in two to four community-based work training experiences with a minimum total of 30 hours. Students in work training placements will be directly supervised by an employee of the local business and indirectly supervised by the transition teacher (special education and/or career/technical education) and/or the transition assistant. While on the site, students should perform the same work as their assigned employee supervisor. All work training will be conducted in accordance with Department of Labor guidelines and appropriate records will be maintained. This requirement may be waived if the student successfully completes a planned sequence of courses (from a career/technical education course of study) in their chosen career/technical education field that designates the student as a "program completer".

Career/Technical Education Courses: Students with disabilities who are pursuing the occupational diploma are required to take career/technical education courses. Efforts must be made to coordinate career preparation work training with related career/technical education course content.

- *The extent beyond the minimum requirements to which individual students participate in any of these components is determined by the IEP team with evidence documented in the portfolio.*

Cooperative Career/Technical Education: In the twelfth grade, students completing prerequisites and desiring competitive employment are placed in jobs as early in the school year as possible. Each student must have documented evidence of a minimum of 540 hours of successful paid employment while enrolled in the Cooperative Career/Technical Program by the end of their senior (exiting) year. Release time is given for students to participate in work experiences for credit. In the twelfth grade, cooperative career/technical education may be substituted, not to exceed one credit in each of the non-elective subject areas of English, mathematics, science and social studies. School personnel, special education and career/technical education, share supervisory and job support responsibilities with other relevant adult service agencies. These personnel will assist students in all aspects of obtaining and maintaining a paid job during their senior year. Also during the senior year, students attend a related study class as part of the cooperative education program. Related study provides contact with the cooperative education teacher-coordinator for the purpose of refining work skills/habits/behavior, advocacy training, overview of employment laws/guidelines, work situational problem-solving, and contact with local business-related individuals. The requirement for related study will vary according to a student's cooperative education option as identified in the cooperative education model. Both students and parents are provided with assistance in identifying the natural supports available to the student in their community for locating and maintaining employment.

Other Course Component

Students in the occupational diploma program may earn credits by successfully completing special education and applicable general education courses as agreed upon by the student's IEP team.

APPENDIX C

Work Experience Forms

Waiver for School-Based Work Assessment and/or Community-Based Job
Shadowing

Permission to Participate in School-Based/Community-Based Work Program

Work Assignment

Student Contract

Work Area Orientation Checklist

Disciplinary Form

Performance Evaluation

Cumulative Time Sheet

Community-Based Job Shadowing Agreement

Community-Based Work Training Business Agreement

Permission To Participate In School-Based/Community-Based Work Program

Check one: School-Based Work Assessment Community-Based Work Training

Your student will participate in the school-based/community-based work program during the ____ - ____ school year. The program is designed to provide your student with real work experiences that will assist him or her in learning the skills needed for competitive employment. However, this program should not be considered employment. In order for your student to participate in this program, we must have your permission concerning the following:

___ Yes ___ No I give my permission for _____ to participate in school-based work assessment/community-based training.

___ Yes ___ No In an emergency, I give permission for employees of the training site or school personnel to obtain medical care for my student.

___ Yes ___ No I understand that my student must have insurance before participating in the school-based work assessment/community-based work training program.

Insurance Carrier _____
 Primary Insured _____ ID# _____
 Medicaid Student ID# _____
 School Accident Insurance Student ID# _____
Please provide a copy of your insurance card.

Attached is a school insurance form. If a student does not have insurance, please contact _____.

___ Yes ___ No I understand that my student's performance in the off-campus/on-campus work training will count as part of the grade in Career Preparation.

___ Yes ___ No I understand that I will be notified when my student changes training sites.

___ Yes ___ No I understand that my student will not be entitled to wages or worker's compensation during work training.

___ Yes ___ No I give permission for my student to be transported to the training sites selected by the school.

___ Yes ___ No I give permission to disclose relevant information to business, adult service providers, etc., concerning my student's abilities, needs, accommodations, etc. **(optional)**

___ Yes ___ No I give permission for my student to be filmed/photographed. I understand that my student may be identified as an individual who participates in special education services. **(optional)**

SIGNATURES

Your signature indicates that you understand and agree to these terms and conditions.

Parent/guardian _____ Date _____

Student _____ Date _____

Principal _____ Date _____

Teacher _____ Date _____

Work Assignment

Check one: School-Based Work Assessment Community-Based Work Training

Student Name: _____

Training Site: _____ Training Area: _____

Position/Job Title: _____

Job Supervisor(s): _____

Job Duties/Tasks Trained:

Daily (Tasks remain the same day to day)

1.

2.

3.

4.

5.

6.

Varies day to day (if varies, list on other side)

Dates of Training: _____

Days of Training: _____

Time of Training: _____

Dress Code: _____

Necessary Skills/Abilities: _____

Safety Precautions and Emergency Procedures: _____

Other Natural Supports: _____

*This form should be reviewed with the student and the work supervisor

Monday	Tuesday	Wednesday	Thursday	Friday

Student Contract

School-Based Work Assessment/Community-Based Work Training

Check one: School-Based Work Assessment Community-Based Work Training

I, _____, agree to the following rules as a participant of the
(print student's name) school-based/community-based program.

1. To train at the sites where I am assigned.
2. To work cooperatively with supervisory staff assigned to the work training site.
3. To wear clean and appropriate clothes and have good personal hygiene for work training.
4. To get along with others at the training site.
5. To use appropriate language on the training site.
6. To follow all safety and work place rules.
7. To keep working until my assignment is finished.
8. To maintain a good attitude while at the training site.
9. To obey my supervisor, follow directions, and discuss if my work is good or bad without getting angry or leaving the training site without permission.
10. To discuss any complaints about my training with one of my teachers.
11. To go to school/training sites as needed even if other students are going to be involved in a special activity.
12. To do my best at the training site.
13. To have good school and training attendance.
14. To inform my supervisor(s) at the school and work training site before I am absent.

I understand that if I do not obey these rules, I may receive one or more of the following:

- a. A written warning/reprimand.
- b. A lower grade.
- c. A parent conference.
- d. A suspension from the training site.
- e. Termination (end work) of training at the site.

I understand I will not be paid, receive worker's compensation, or be entitled (have right to) to a job at the training site.

SIGNATURES

Student _____

Date _____

Parent _____

Date _____

Principal _____

Date _____

Teacher _____

Date _____

Work Area Orientation Checklist

Check one: School-Based Work Assessment Community-Based Work Training

Student: _____ Starting Date: _____

Training Site: _____ Training Area: _____

Checks indicate that student has been instructed in the area.

- _____ 1. Locates training site.
- _____ 2. Enters at employee entrance.
- _____ 3. Locates appropriate restroom.
- _____ 4. Locates employee telephone and/or telephone use procedures.
- _____ 5. Locates time clock or sign in location.
- _____ 6. Locates work area/station.
- _____ 7. Locates work supply area.
- _____ 8. Identifies supervisor.
- _____ 9. Locates supervisor's work/station.
- _____ 10. Knows where to obtain assistance.
- _____ 11. Exits at appropriate exit.
- _____ 12. Locates bus stop to and from training site.
- _____ 13. Reviews safety and emergency procedures.
- _____ 14. Reviews training site's policies and procedures.

Additional Environment

- _____ 15. _____
- _____ 16. _____
- _____ 17. _____
- _____ 18. _____
- _____ 19. _____
- _____ 20. _____

Review critical environmental factors (i.e., noise level, extreme temperature variations, orders).

_____ Student Signature Date

Completed by: _____
Name/Title Date

Disciplinary Form

Check one: School-Based Work Assessment Community-Based Work Training

Students participating in school-based work assessment will be subject to rules set forth in the *Code of Student Conduct* adopted by the Board of Education.

Student's Name: _____ Date: _____

Supervisor's Name: _____ Teacher's Name: _____

Site Where Problem Occurred: _____

Detailed Description of Offense: _____

Action Taken: _____

Results: _____

Student's Signature: _____

Teacher's Signature: _____

Site Supervisor's Signature: _____

Performance Evaluation

Check one: School-Based Work Assessment Community-Based Work Training

Name of Student: _____ Training Site: _____

Supervisor: _____ Training Area: _____

School/Community: _____

Dates of Evaluation: From _____ to _____ (At least two per training area)

	Points				
	4 Always	3 Usually	2 Not Often Enough	1 Much Too Seldom	N/A
1. Good attendance and punctuality					
2. Works independently or with minimal supervision					
3. Willingness to work, interest/motivation					
4. Maintains quality of work/corrects own errors					
5. Demonstrates adequate speed of work/production					
6. Attends to task until completed					
7. Accepts supervision and/or constructive criticism					
8. Follows/retains directions					
9. Cooperates/gets along with peers/supervisors appropriately					
10. Adapts to new work situations					
11. Asks questions when necessary					
12. Responds appropriately to statements/questions					
13. Demonstrates sufficient stamina/physical abilities					
14. Exhibits appropriate personal hygiene/appropriate dress					
15. Demonstrates potential for work performed					
TOTAL					

Evaluator Comments/Recommendations: _____

Points earned _____ ÷ Points possible _____ = Grade _____

(Adjust points if N/A is marked)

Evaluated By _____ Title _____

Cumulative Time Sheet

Check one: School-Based Work Assessment Community-Based Work Training

Student Name: _____ Grade: _____

School: _____

Teacher: _____

1. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

2. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

3. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

4. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

5. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

6. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Total per calendar year _____

Student Name: _____ Grade: _____

School: _____

Teacher: _____

1. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

2. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

3. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

4. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

5. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

6. Training Site _____

Training Area _____

School Supervisor _____

Job Title _____

Total Hours of Training _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Dates						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Total per calendar year _____

Community-Based Job Shadowing Agreement

Student's Name: _____

Address: _____

Phone Number: _____ Social Security #: _____

Age: _____ Date of Birth: _____ Grade: _____

Business/Industry: _____

Address: _____

Telephone Number: _____

School: _____

Teacher: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

All parties jointly agree to the following:

1. There will be no monetary compensation for participation in the shadowing program.
2. The shadowing experience shall be at a business/industry site directly related to the occupational interest(s) expressed by the student.
3. The student will follow the school code of conduct while at job shadowing site.
4. The employer will provide safety instructions.
5. Student must provide medical insurance information before participating in job shadowing. Attached is a school insurance form. If the student does not have medical insurance, please contact _____ before any job shadowing begins.

(teacher)

Insurance Carrier _____

Primary Insured _____ ID# _____

Medicaid Student ID# _____

School Accident Insurance _____ Student ID# _____

Please provide a copy of your insurance card.

Community-Based Work Training Business Agreement

Non-Binding Statement of Understanding

School System: _____ Teacher/Phone #: _____

Business/Industry: _____

Address: _____ Telephone Number: _____

All parties jointly agree to the following:

1. The business will not receive an immediate benefit from the student training at the business.
2. No employee of the business will be displaced nor will any employee experience a reduction in hours due to the presence of a student at the business.
3. Students who participate in the work-training program will not receive payment for work performed during the training period.
4. The business is under no obligation to hire any student participant in this program.
5. Students are not employees and workmen's compensation will not be required. Students who participate in the program are required to provide accident insurance information before participating in the community-based work training program.
6. The business and the school's transition teacher will agree upon days and hours.
7. The exact type of work instruction, job tasks, and location of the work site will be agreed upon by the business and the transition teacher.
8. The school will conduct evaluations of students in the program with input from the business(es).
9. The business will assist in the student evaluation.
10. Students will be under the direct supervision of school personnel. However, the business may assign an employee to work and assist with the general supervision of the student. Students will be under continued and direct supervision of either representatives of the school or by employees of the business.
11. Students will be accepted and assigned to work training sites without regard to race, color, national origin, sex, disability, or disadvantage.
12. The business will comply with all federal, state, and local labor laws as they apply to the work training program.

We, the undersigned, as representatives of our agency or business, agree to abide by the statements listed above. We understand that this agreement may be canceled by either party upon notice to the other.

Business Representative: _____ Date: _____

Transition Teacher: _____ Date: _____

School Administrator: _____ Date: _____