CENTRAL ORANGE COUNTY CTE PARTNERSHIP PROGRAM



2910 Redhill Avenue, Ste. 200 · Costa Mesa, Californía 92626 · TELEPHONE: (714) 966-3528

COOPERATIVE CAREER TECHNICAL EDUCATION JOINT VENTURE TRAINING AGREEMENT

COURSE	STUDENT
COURSE CODE NO.	SCHOOL

The major purpose of this program is to provide valuable on-the-job type of experiences for students. This document lists the agreed upon responsibilities of the involved parties. (See reverse side for guidelines.)

THE STUDENT IS RESPONSIBLE FOR:

- 1. Regular and punctual attendance.
- 2. Task performance in accordance with the negotiated conditions of the individual training plan.
- 3. Ethical standards of behavior.

THE PARENT OR GUARDIAN IS RESPONSIBLE FOR:

The student's behavior and cooperation with both the school and employer in order to assure the student's successful completion of training.

CENTRAL ORANGE COUNTY CTE PARTNERSHIP (CTEp) IS RESPONSIBLE FOR:

- 1. Providing a teacher/coordinator to supervise the program.
- 2. Providing related instruction/Individualized Training Plans.
- 3. Providing all necessary support services to the Company Supervisor.

THE EMPLOYER IS RESPONSIBLE FOR:

- 1. Reporting attendance as required.
- 2. Determining trainee hours and pay. Trainees shall be paid at least the minimum wage as stipulated by current California State Industrial Welfare Commission Orders. A work permit is required for all trainees under 18.
- 3. Designating the on-site supervisor who will share responsibility for the students' training and will serve as the liaison with the program.
- 4. Providing Worker's Compensation and appropriate insurance coverage for trainees in accordance with existing law.
- 5. Providing the training opportunities as negotiated in the Individualized Training Plan.
- 6. Assisting with student/program evaluation as required.

EMPLOYER COMPANY INFORMATION PLEASE PRINT CLEARLY		CENTRAL ORANGE COÙNTY CTE PARTNERSHIP PROGRAM	
Compañy Name		Jillian Johnson-Sharp, Aliminiştrator CTE Partnership	
Email Address			
Mailing Address		Student's Signature	Date
City	State Zip	Parent or Guardian's Signature	Date
Telephone Number	Fax Number	Administrator/Instructor Signature	Date
Signature Date Print Signee's Name:		DISTRICT SITE: Garden Grove Unified School District Orange Unified School District Santa Ana Unified School District	