

**COMMUNITY-BASED VOCATIONAL TRAINING SITE AGREEMENT**  
**Department of Special Education**  
**Lincoln Public Schools**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

School Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

VOICE Teacher: \_\_\_\_\_ Coordinator/Administrator: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cooperating Business: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cooperating Business Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Training:   ☐ 1st Quarter   ☐ 2nd Quarter   ☐ 3rd Quarter   ☐ 4th Quarter   ☐ School Year:

Hours of Training: \_\_\_\_\_

**COOPERATING BUSINESS' RESPONSIBILITIES:** The Cooperating Business agrees to place the student trainee in the business specified above for the purpose of providing occupational experience of instructional value, and to otherwise comply with the terms of the Community-Based Vocational Training Site Agreement with the District in relation to the training program for the above named student. It is agreed that the placement will not result in an immediate advantage to the Cooperating Business, or displacement of regular employees and will not be filled by the student trainee.

**LPS TEACHER/COORDINATOR RESPONSIBILITIES:** The teacher/coordinator agrees to visit the student at the training station and will continue a close working relationship with the person to whom the trainee is responsible while on the job. The teacher/coordinator shall supervise the student and attempt to resolve any complaints through the cooperative efforts of all parties concerned. The teacher/coordinator will meet with each student's parent and/or guardian prior to placement and during the school year. The local educational office will keep each student's Training Agreement on file for three (3) years.

**TRANSPORTATION:** LPS School Bus/Van.   ☐ YES   ☐ NO   City Bus/Handy Van   Arranged by family.   ☐ YES   ☐ NO

**MATERIALS:** LPS school lunch will be offered. Some sites may offer lunch/snacks for purchase. Instruction in Vocational Skills will be provided daily.

**PARENTAL CONSENT:** I give consent for my child to participate in approved field trips.   ☐ YES   ☐ NO

**PARENT(S)/GUARDIAN RESPONSIBILITIES:** Parents and/or guardian voluntarily agree the student may participate in the community-based vocational training provided for herein. Parents and student agree that there is no expectation of remuneration.

Permission is granted for my child to be photographed while participating in the VOICE Program. Photos will be used in portfolios and for video during the Recognition Ceremony their final year in the VOICE Program.   ☐ YES   ☐ NO

**STUDENT RESPONSIBILITIES:** The student agrees to follow rules and guidelines established by the District, Cooperating Business, and coordinator with regard to hours of work, school attendance and reporting procedures. The student and parent and/or guardian understand that the student may receive credit for the work in accordance with the school's guidelines. They further understand that the student is not entitled to employment with the Cooperating Business at the conclusion of the student's IEP.

**HAZARDOUS OCCUPATIONS EXCEPTION:** The student will not be involved in a hazardous occupation as defined under the Federal Child Labor guidelines.

**TERMINATION:** It is understood and agreed that the student is not an employee, and that this agreement may be terminated by any party without cause upon seven (7) days written notice.

By signing this form the parents and child hereby give permission for the Cooperating Business and/or District to authorize the child to receive emergency medical treatment in case of injury or illness. They agree that neither LPS nor the Cooperating Business shall be responsible for any medical expenses for injuries to the student. They also understand that work and site-based environments present risks not present on normal school grounds, that school personnel may not be present at all times when the student is at the site and the parents and child agree to accept such risks and to not hold Cooperating Business or LPS responsible for personal injury or damage to property. All signatories agree to comply with the responsibilities specified in the training agreement.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cooperating Business Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_