



TENNESSEE DEPARTMENT OF

EDUCATION

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Work-Based Learning Personalized Learning Plan

Student Name:

Placement Date:

Placement Site:

WBL Coordinator:

Up-to-date copies of the Safety Training Log and the Work-Based Learning Agreement must be kept on file both at the work site and at the school for all WBL placements as required by Tennessee Child Labor Law and consistent with the Department of Education's WBL Policy Guide.

This packet is required for students earning credit through the *Work-Based Learning: Career Practicum* course or other practicum courses for credit. It is recommended that students use this packet for all credit-bearing WBL experiences to ensure compliance with the State Board of Education's WBL Framework, with federal and state child labor laws, and with the Department of Education's WBL Policy Guide:

Personalized Learning Plan Part A: Long-term Goals and Learning Objectives

PLANNING FOR WORK-BASED LEARNING

Consider your past experiences, interests, and future career and education goals to answer the questions below.

What is your area of elective focus in high school?

What are your plans for after high school?

Describe your future career goals:

What kind(s) of education or training might you need after you graduate from high school?

What placement or capstone work-based learning experience do you hope to get?

ONCE YOU HAVE IDENTIFIED A POSSIBLE PLACEMENT

How is this work-based learning experience aligned with your career goals?

What do you want to learn through this experience that will help you progress toward your long-term goal?

What special projects or activities will help you practice important skills?

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

Below is a list of skills that employers seek from their employees. Complete this section during the WBL experience. Work with your teacher and/or employer to document the ways you practice these skills through your experience. Also write down what evidence you can add to your portfolio after the experience to show your skills!

(You can learn more about what kinds of activities and learning opportunities are available at the workplace by doing an internet search and interviewing the employer if that is possible. See the *Pre-Experience Research Checklist and Informational Interview Guide*.)

APPLICATION OF ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS
LITERACY: Read and comprehend relevant academic and technical texts <i>Example: Read and understand a procedure manual on handling hazardous materials in a laboratory; explain instructions to supervisor and document understanding.</i>
My Experience:
My Evidence:
MATH: Select and apply relevant mathematical concepts to solve problems and perform expected tasks <i>Example: Close out cash register by hand and compare to electronic results.</i>
My Experience:
My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

APPLICATION OF ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS (cont'd)

INDUSTRY-SPECIFIC TECHNICAL SKILLS: Demonstrate industry-specific technical skills

Example: Correctly weld metal parts, in accordance with quality requirements.

My Experience:

My Evidence:

INDUSTRY-SPECIFIC SAFETY SKILLS: Demonstrate adherence to industry-specific safety regulations

Example: Use safety goggles when required and document when they were used and why.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

CAREER KNOWLEDGE AND NAVIGATION SKILLS

UNDERSTANDING PATHS AND OPTIONS: Plan and navigate education and career paths aligned with personal goals

Example: Interview franchise supervisor about education needed; document what is heard and analyze to student's own plans.

My Experience:

My Evidence:

REFLECTION: Reflect on experiences through creation of a personal portfolio

Example: Document and gather information (using text, photos) about skills and accomplishments, such as a business plan written to improve non-profit organization's services; complete an assessment of the quality of the products included.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

21ST CENTURY LEARNING AND INNOVATION SKILLS

CREATIVITY AND INNOVATION: Use imagination and insight to develop original ideas for products, including physical products, services, and solutions to problems, among others

Example: Document participation in a brain-storming session and the ideas generated related to a new marketing brochure.

My Experience:

My Evidence:

COMMUNICATION: Articulate ideas effectively in both oral and written communications; listen effectively

Example: Orally present the results of a survey of students about their interest in a new app.

My Experience:

My Evidence:

INFORMATION LITERACY: Access and evaluate Information, manage information accurately and ethically

Example: Conduct an internet search about competitors in the youth clothing industry in the community, documenting sources and rating each for credibility.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

PERSONAL AND SOCIAL SKILLS
INITIATIVE AND SELF-DIRECTION: Work independently; demonstrate agency, curiosity, and the ability to learn <i>Example: Take the initiative to find out more about the science behind a process at the manufacturing plant and write up what was learned.</i>
My Experience:
My Evidence:
CUTURAL AND GLOBAL COMPETENCE: Exhibit interpersonal and social skills that are respectful of cultural differences <i>Example: Identify staff of differing cultural origins and document conversations about cultural differences in expected workplace behavior.</i>
My Experience:
My Evidence:
PRODUCTIVITY AND ACCOUNTABILITY: Set goals and priorities and manage time and projects; exhibit punctuality, persistence, and precision and accuracy; complete projects to agreed-upon standards <i>Example: Verify (and document verification of) the sums on a spreadsheet of donations before turning it in on time.</i>
My Experience:
My Evidence:

WBL Safety Training Log

The following safety training log should reflect the training requirements appropriate for the student's job description and align with the required trainings of the business. According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:	Work Site:
Address:	Address:
City/Zip:	City/Zip:
Phone:	Phone:
DOB:	Supervisor:

Student's Responsibilities/Job Description: _____

Safety Training Topics*	Trainer's Name	Location	Date Provided
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**If additional space is needed, attach an extra sheet of paper.*

SIGNATURES

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: <i>(When not the WBL Coordinator)</i>	Date:
WBL Coordinator:	Date:
Principal: School:	Date:
CTE Director: <i>(or designated WBL Coordinator)</i>	Date:
Work Site Supervisor:	Date:

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

Work-Based Learning Agreement

According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:	Work Site:
Address:	Supervisor:
City/Zip:	Address:
Phone: DOB:	City/Zip:
Area of Elective Focus:	Phone:
High School:	Start Date:

Typical Weekly Work Schedule: *Hours for credit-bearing experiences must equate to a full-time equivalent course.*

Day	Time of Work		Total Work Hours
	From	To	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
		Total	

Type of WBL Experience

<input type="checkbox"/> Apprenticeship (Registered)
<input type="checkbox"/> Clinical
<input type="checkbox"/> Cooperative Education
<input type="checkbox"/> Internship
<input type="checkbox"/> Transition (paid or unpaid)
<input type="checkbox"/> School-Based Enterprise
<input type="checkbox"/> Service Learning

Employability Skills: *This student is participating in work-based learning for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education, future careers, and life:*

- **Application of academic and technical knowledge and skills**
- **Career knowledge and navigation skills**
- **21st Century learning and innovation skills**
- **Personal and social skills**

Verification: We, the undersigned, give permission for the above-named student to participate in the WBL program, and we understand and agree to meet the requirements of the WBL Framework as provided in State Board of Education policy and in the WBL Policy Guide provided by the Tennessee Department of Education. We verify the above information is correct and is consistent with federal and state guidelines for work-based learning experiences.

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: <i>(When not the WBL Coordinator)</i>	Date:
WBL Coordinator:	Date:
Principal: School:	Date:
CTE Director: <i>(or designated WBL Coordinator)</i>	Date:
Work Site Supervisor:	Date:

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VERIFY WORKERS' COMPENSATION COVERAGE: _____ **YES** _____ **NO**

Work-Based Learning Insurance and Emergency Information

Student Name:	Work Site:
Address:	Address:
City: Zip:	City: Zip:
Phone:	Phone:
DOB: Grade:	WBL Coordinator:

Allergic to Medication? No Yes If yes: list medication(s):

List any other allergies or medical problems:

Medical Alert: No Yes, If yes: additional explanation:

Insurance Company: Policy #:

Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Additional Emergency Contact	Home Phone: Work Phone: Cell Phone:

I consent for my child to receive medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent or Guardian	Date
Student	Date
WBL Coordinator	Date
Principal	Date
Supervisor	Date

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.