

SANTA CLARA COUNTY REGIONAL OCCUPATIONAL PROGRAM - SOUTH
COMMUNITY CLASSROOM TRAINING AGREEMENT

STUDENT NAME: _____ DATE: _____

COURSE TITLE: _____ USOE CODE: _____

This agreement is for the purpose of providing vocational instruction in the community classroom listed below. The instruction for each student shall follow a specific Training Plan approved by the ROP instructor.

STUDENT RESPONSIBILITIES:

1. Maintain regular attendance and notify the instructor and community classroom supervisor if I am unable to attend.
2. Be honest, punctual and cooperative. Abide by the employer's dress code and be willing to learn and carry out assignments while at the community classroom.
3. Restrict activities to the Plan approved by the instructor and agreed to by the community manager.
4. Conform to work ethics regarding the privacy and confidentiality of privileged information.

PARENT/GUARDIAN RESPONSIBILITIES:

1. Encourage the student to effectively carry out the duties and responsibilities of the program at the ROP and at the training site.
2. Arrange transportation for the student and accept liability. The ROP will not authorize or be held responsible for the mode of transportation that is used.

COMMUNITY CLASSROOM SITE RESPONSIBILITIES:

1. Provide training for each student assigned according to a training plan.
2. Inform regular employees of their role in assisting in the community classroom experience.
3. Maintain daily records of student attendance and progress and report them to the instructor.
4. NOT allow a student trainee to replace any regular employee.
5. NOT pay students.

ROP/SCHOOL RESPONSIBILITIES:

1. Supervise the training of each student and evaluate each student's performance.
2. Maintain appropriate comprehensive general liability insurance for bodily injury and property damage covering students enrolled in the program.
3. Maintain Workmen's Compensation coverage to provide benefits to the student in case of injury.

COMMUNITY CLASSROOM _____

ADDRESS _____ PHONE _____

SUPERVISOR SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

INSTRUCTOR SIGNATURE _____ DATE _____

ROP or PRINCIPAL SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____