

Independent Employment: Training & Validation Form

Part 1: Work-Based Learning Agreement

Student Name:	
School:	
Employer / Company:	
Work-Site Supervisor:	
Supervisor's Email:	
Student's Job Title:	
Anticipated # of hours (25 Minimum)	
Compensation:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
Start Date:	
End Date:	
Total # of hours accumulated (25 Minimum)	

Student Primary Learning Objectives

- **Work Ethic** – Maintain a consistent schedule and follow workplace safety rules and policies.
- **Communication** – Interact professionally with customers/clients and staff.
- **Collaboration** – Contribute to team goals and assist coworkers as needed.

Primary Tasks/Job Responsibilities within the Work Experience (List 1 - 3):

Task 1:	
Task 2:	
Task 3:	

Part 2: Employer Evaluation & Growth Rubric

Rating Scale: 1 = Needs Improvement | 2 = Developing | 3 = Proficient | 4 = Mastery

Work Ethic					
Punctuality & Reliability	Arrives on time and works scheduled shifts.	1	2	3	4
Professionalism	Dresses appropriately and follows company policies	1	2	3	4
Communication					
Instruction Following	Completes tasks with minimal correction	1	2	3	4
Professional Interaction	Communicates clearly with customers & colleagues	1	2	3	4
Collaboration					
Teamwork	Assists others and contributes positively	1	2	3	4
Conflict Resolution	Handles feedback and stress appropriately	1	2	3	4
Evidence of Growth					
Learning Initiative	Seeks information and asks questions	1	2	3	4
Adaptability	Handles workload changes and busy periods	1	2	3	4
Overall Growth	Intern has demonstrated growth in employability skills	1	2	3	4
Task Mastery	One task the student can now complete independently (List task in box on the right)				

Part 3: Attendance Verification

During the student's employment experience (from the documented start date and end date in Part 1), the student had:

- No more than 3 unexcused absences
- More than 3 unexcused absences

Part 4: Final Sign-Off

By signing below, I attest that the training plan was agreed upon prior to the experience and that all information is accurate

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Upon completion, Student will

- Submit these signed paper copies to school counseling office to be recorded in INTERS