

# Work-Based Learning (WBL) Personalized Learning Plan

**Student Name:**

**Placement Date:**

**Placement Site:**

**Placement Site Address:**

**WBL Coordinator:**

Up-to-date copies of the WBL Agreement, Safety Training Log, and the WBL Student Insurance & Emergency Information Form 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 participating in Clinical Internship (C14H16), Nursing Education (C14H11), all WBL: Career Practicum courses, Alternative Academic Diploma WBL (S25H05), or Work-Based Learning: Special Education Transition (S25H01). Complete this packet for all WBL experiences to ensure compliance with the State Board of Education's WBL Framework, federal and state child labor laws, and the Department of Education's WBL Policy Guide.

Use this packet to document student mastery of course standards. Responses to prompts in this packet may be entered directly into the packet in electronic form with longer responses documented on supplemental pages. Responses may also be documented by the student in their journal or through other resources provided by the WBL Coordinator.

## Personalized Learning Plan Part A

### ***Long-Term Goals and Learning Objectives:***

This section allows you to plan, create, and identify your personal goals and expectations for your WBL experience. When filling out this section, students who have an IEP should reflect on their IEP Transition Plan. Additionally, students enrolled in course codes S25H01 or S25H05 may use their IEP Transition Plan in their responses below.

#### **Planning for WBL**

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

What is your area of elective focus in high school?

What are your plans after high school? Consult with your High School and Beyond Plan to help answer this question.

Describe your future career goals. Include information about your desired industry sector and potential occupations to map out your ideal career arc.

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

What placement or capstone WBL experience do you hope to get?

### **Once You Have Identified a Possible Placement**

How is this WBL 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 needed for your career?

## Personalized Learning Plan Part B

### Tennessee WBL Skills

This section is intended to align previous coursework with skills that employers seek from employees. Complete this section during the WBL experience. In the **My Experience(s)** sections below, work with your teacher and/or employer to document the ways you can practice these skills. In the **My Evidence** sections, write down what you can add to your portfolio, either during or after the experience, to demonstrate mastery of those skills.

Application of Academic and Technical Knowledge and Skills
<p><b>Literacy: Read and comprehend relevant academic and technical texts.</b>  <i>Example: Read and understand a procedure manual on handling hazardous materials in a laboratory. Explain the instructions to your supervisor and document your understanding.</i></p>
<p><b>My Experience(s):</b></p>
<p><b>My Evidence:</b></p>
<p><b>Math: Select and apply mathematical concepts to solve problems and perform expected tasks.</b>  <i>Example: Close out cash register by hand and compare it to electronic results.</i></p>
<p><b>My Experience(s):</b></p>
<p><b>My Evidence:</b></p>

**Application of Academic and Technical Knowledge and Skills**

**Industry-Specific Technical Skills: Demonstrate industry-specific technical skills.**

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

**My Experience(s):**

**My Evidence:**

**Industry-Specific Safety Skills: Demonstrate adherence to industry-specific safety regulations.**

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

**My Experience(s):**

**My Evidence:**

**Career Knowledge and Navigation Skills**

**Understanding Paths and Options: Plan and navigate education and career paths aligned with personal goals.**

*Example: Interview your supervisor about the education needed for their position. Document what is heard and analyze how it aligns with your plans.*

**My Experience(s):**

**My Evidence:**

**Reflection: Reflect on experiences through creation of a personal portfolio.**

*Example: Document and gather information, using text, photos, and multimedia, about your skills and accomplishments. Complete an assessment to determine the quality of your work.*

**My Experience(s):**

**My Evidence:**

**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 brainstorming session and the ideas generated related to a new marketing brochure.*

**My Experience(s):**

**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(s):**

**My Evidence:**

**Information Literacy: Access, evaluate, and manage information accurately and ethically.**

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

**My Experience(s):**

**My Evidence:**

<b>Personal and Social Skills</b>	
<b>Initiative and Self-Direction: Work independently. Demonstrate agency, curiosity, and the ability to learn.</b>	<i>Example: Take the initiative to find out more about the science behind a process at a manufacturing plant and document what was learned.</i>
<b>My Experience(s):</b>	
<b>My Evidence:</b>	
<b>Cultural and Global Competence: Exhibit interpersonal and social skills that are respectful of cultural differences.</b>	<i>Example: Identify staff of different cultural origins and document conversations about cultural differences expected in workplace behavior.</i>
<b>My Experience(s):</b>	
<b>My Evidence:</b>	
<b>Productivity and Accountability: Set goals and priorities. Manage time and projects. Exhibit punctuality, persistence, precision, and accuracy. Complete projects to agreed-upon standards.</b>	<i>Example: Verify, and document the verification of, sums on a spreadsheet of donations before submitting it to your supervisor at the agreed-upon time.</i>
<b>My Experience(s):</b>	
<b>My Evidence:</b>	



## 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.

<b>Student Name:</b>		<b>Work Site:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City/Zip:</b>		<b>City/Zip:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>DOB:</b>		<b>Supervisor:</b>	
<b>Student’s Job Description and Responsibilities:</b>			
Safety Training Topic*	Trainer’s Name	Location	Date Provided
1.			
2.			
3.			
4.			
5.			

*\*If additional space is needed, attach an extra sheet of paper to this file.*

### Signatures *(all identified individuals must sign below prior to the start of the student placement)*

<b>Student:</b>	<b>Date:</b>
<b>Parent or Guardian:</b>	<b>Date:</b>
<b>Endorsed Teacher:</b> <i>(when not the WBL Coordinator)</i>	<b>Date:</b>
<b>WBL Coordinator:</b>	<b>Date:</b>
<b>Principal:</b>	<b>Date:</b>
<b>CTE Director:</b> <i>(or designated WBL Coordinator)</i>	<b>Date:</b>
<b>Worksite Supervisor:</b>	<b>Date:</b>

**Nondiscrimination:** No person shall be excluded from participation in, be denied benefits of, or otherwise be subjected to discrimination in connection to this program and activities or in employment practices on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or state law. This form is subject to monitoring by the Tennessee Department of Education and Tennessee Department of Labor & Workforce Development.

# WBL 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, WBL Agreement, and WBL Agreement must be kept on file at the school for five years after the placement.

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

Day	Time of Work		Hours
	From	To	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
<b>Total</b>			

**Type of WBL Experience**  
*Check the appropriate box that applies.*

<input type="checkbox"/>	<b>Registered Apprenticeship</b>
<input type="checkbox"/>	<b>TN Certified Pre-Apprenticeship</b>
<input type="checkbox"/>	<b>Health Science Clinical</b>
<input type="checkbox"/>	<b>Cooperative Education</b>
<input type="checkbox"/>	<b>Internship</b>
<input type="checkbox"/>	<b>Transition (Paid or Unpaid)</b>
<input type="checkbox"/>	<b>School-Based Enterprise</b>

**Employability Skills:** *This student is participating in WBL for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education and future careers.*

**Verification:** We, the undersigned, give permission for the above-named student to participate in the WBL program. We understand and agree to meet all district, state, and federal requirements and guidelines, including the WBL Framework as provided in the 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 WBL experiences.

<b>Student:</b>	<b>Date:</b>
<b>Parent or Guardian:</b>	<b>Date:</b>
<b>Endorsed Teacher:</b> <i>(when not the WBL Coordinator)</i>	<b>Date:</b>
<b>WBL Coordinator:</b>	<b>Date:</b>
<b>Principal:</b>	<b>Date:</b>
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**Workers' Compensation Coverage:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

## WBL Insurance and Emergency Information Form

<b>Student Name:</b>		<b>Worksite:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>	<b>Zip:</b>	<b>City:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Phone:</b>	
<b>DOB:</b>	<b>Grade:</b>	<b>WBL Coordinator:</b>	

**Is the student allergic to any medications?** If so, list the medication(s): \_\_\_\_\_

\_\_\_\_\_

List any allergies or other medical concerns: \_\_\_\_\_

\_\_\_\_\_

**Medical Alert(s)** (if applicable) \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

<b>Parent/Guardian 1:</b>	<b>Phone:</b>
	<b>Alternative Phone:</b>
<b>Parent/Guardian 2:</b>	<b>Phone:</b>
	<b>Alternative Phone:</b>
<b>Additional Emergency Contact:</b>	<b>Phone:</b>
	<b>Alternative Phone:</b>

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.

<b>Student:</b>	<b>Date:</b>
<b>Parent or Guardian:</b>	<b>Date:</b>
<b>WBL Coordinator:</b>	<b>Date:</b>
<b>Principal:</b>	<b>Date:</b>
<b>Worksite Supervisor:</b>	<b>Date:</b>

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