

Maryland State Department of Education
Division of Rehabilitation Services
Pre-ETS: Work-Based Learning Experience Agreement

Student Name: _____ **DORS Participant ID:** _____

DORS Counselor: _____ **Phone:** _____

WBLE Site: _____

Address: _____

WBLE Supervisor/Mentor: _____

Phone: _____ **Email:** _____

This agreement is entered into by the Maryland Division of Rehabilitation Services (DORS),
 _____ and/or
 Business/WBLE Site
 _____ for the
 Community Rehabilitation Provider

purpose of providing a Work-Based Learning Experience (WBLE) for the student identified above.

The business or community rehabilitation provider will:

1. Provide work-based learning experience and supervision for _____
 Period of Time
 beginning _____ and ending _____.
 Date Date
2. Provide work-based learning experience for a total of _____ hours per week.
3. Notify DORS promptly should:
 - a. The student experience difficulties in completing the WBLE, or
 - b. The student discontinue the WBLE.

DORS will:

1. Maintain contact with the community rehabilitation provider and student during internship.
2. Provide technical assistance and support in determining and providing accommodations to enable full participation in the work-based learning experience, as appropriate.

WBLE Student Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
Stop							

Will the student benefit from support to complete WBLE objectives, beyond that which the supervisor/mentor will provide? Yes No

If yes, how will WBLE support be provided? On-Site Off-Site Either On- or Off-site

Is this a paid WBLE? Yes No

If yes, record the following information:

1. Work Permit for Minor Required? Yes No
2. Paycheck Source: _____
3. Student WBLE hours per week: _____
4. Wage per hour: _____

WBLE Objectives

Description of processes, operations or skills included in the WBLE:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Student Agrees To:

1. Arrive at the WBLE site as scheduled each day throughout the WBLE.
2. Abide by company rules and policies and perform duties as assigned.
3. Ask supervisor or mentor for clarification when questions arise.
4. Comply with WBLE requirements established at the beginning of placement.
5. Contact supervisor, mentor, and DORS staff regarding any WBLE-related problems.

WBLE Conditions

A WBLE provides students with the knowledge and skills that will help them connect school experience to real-life work activities and future career opportunities. The business derives no immediate advantage from the student's activities. WBLE placements do not displace current employees of the employer, and the student participates in the WBLE under close supervision of existing staff. If WBLE is paid, students must be compensated at no less than state minimum hourly wage. Both paid and unpaid WBLEs must be provided for a minimum of six weeks but no more than eight weeks (any exceptions must be approved by the local regional director). The business agrees to abide by the Maryland Employment of Minors (Work Permit) - Employment Standards Services (ESS) and the Fair Labor Standards Act. The CRP may invoice DORS for a student stipend only when also providing on-site workplace readiness training in support of WBLE completion.

As applicable, to maintain safe business operations and healthy work environments for participating students, the business and community rehabilitation providers must adhere to most current Center for Disease Control guidelines regarding the COVID-19 pandemic, including the use of personal protective equipment and social distancing.

Equal Opportunity

Full consideration will be given to all qualified applicants for internship placement without regard to race, color, religion, creed, sex, age, national origin, lawful political affiliation, disability, marital status, or economic status.

Comments:

I, _____, the student, confirm that my interests and preferences were carefully considered in the development of this Work-based Learning Experience:

Student Signature

Date

Parent/Guardian Signature

Date

Authorized Business Representative Signature

Date

Community Rehabilitation Provider Signature

Date

DORS Staff Signature

Date