



## **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 *Clinical Internship (5993)*, *Nursing Education (6000)*, *Work-Based Learning: Career Practicum (6105)*, or *Work-Based Learning: Special Education Transition (6107)*. Complete this packet for all credit-bearing 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 Objective

This section allows you to plan, create, and identify your personal goals and expectations for your work-based learning experience. Here, you should identify your interests, goals, and how your work-based learning experience will better prepare you for postsecondary educational and/or career advancement.

### 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:

## Personalized Learning Plan Part A: Long-term Goals and Learning Objective

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?

### Tennessee Work-Based Learning Skills

This section is intended to align previous coursework with skills that employers seek from their 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 practice these skills. In the **My Evidence** sections below, write down what you can add to your portfolio, either during or after the experience, to demonstrate mastery of those skills.

For more information about WBL placement activities that can enhance your WBL experience, refer to 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

*Example: Read and understand a procedure manual on handling hazardous materials in a laboratory; explain instructions to supervisor and document understanding.*

**My Experience(s):**

**My Evidence:**

**MATH: Select and apply mathematical concepts to solve problems and perform expected tasks** *Example: Close out cash register by hand and compare to electronic results.*

**My Experience(s):**



## Tennessee Work-Based Learning Skills

### 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 and 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 franchise supervisor about education needed; document what is heard and analyze to student's own plans.*

**My Experience(s):**

**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(s):**



**My Evidence:**

| 6

## 21<sup>st</sup> 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(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):**

## Tennessee Work-Based Learning Skills

**My Evidence:**

**INFORMATION LITERACY: Access, evaluate, and 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(s):**

**My Evidence:**

| 7

### PERSONAL AND SOCIAL SKILLS

**INITIATIVE AND SELF-DIRECTION: Work independently; demonstrate agency, curiosity, and the ability to learn**  
*Example: Take the initiative to find out more about the science behind a process at the manufacturing plant and write up what was learned.*

**My Experience(s):**

**My Evidence:**

**CUTURAL AND GLOBAL COMPETENCE: Exhibit interpersonal and social skills that are respectful of cultural differences**  
*Example: Identify staff of differing cultural origins and document conversations about cultural differences in expected workplace behavior.*

### Tennessee Work-Based Learning Skills

**My Experience(s):**

**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 *Example: Verify (and document verification of) the sums on a spreadsheet of donations before turning it in on time.*

**My Experience(s):**

**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.

<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>

**Student's Responsibilities/Job Description:** \_\_\_\_\_

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

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

**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>School:</b>	<b>Date:</b>
<b>CTE Director:</b> <i>(or designated WBL Coordinator)</i>	<b>Date:</b>
<b>Work Site Supervisor:</b>	<b>Date:</b>

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&W

Division of College, Career & Technical Education • 710 James Robertson Parkway • 11<sup>th</sup> Floor • Nashville, TN 37243

[WBL.Training@tn.gov](mailto:WBL.Training@tn.gov) • For more resources, visit the [WBL Toolbox](#) • Updated April 2019

| 9



## 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 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>Supervisor:</b>
<b>City/Zip:</b>	<b>Address:</b>
<b>Phone:</b> <b>DOB:</b>	<b>City/Zip:</b>
<b>Area of Elective Focus:</b>	<b>Phone:</b>
<b>High School:</b>	<b>Start Date:</b>

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

Day	Time of Work		Total Work
	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
- 21<sup>st</sup> 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.

<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>School:</b>	<b>Date:</b>
<b>CTE Director:</b> <i>(or designated WBL Coordinator)</i>	<b>Date:</b>
<b>Work Site Supervisor:</b>	<b>Date:</b>

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 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.

VERIFY WORKERS' COMPENSATION COVERAGE: \_\_\_\_\_YES \_\_\_\_\_NO



Division of College, Career & Technical Education • 710 James Robertson Parkway • 11<sup>th</sup> Floor • Nashville, TN 37243

[WBL.Training@tn.gov](mailto:WBL.Training@tn.gov) • For more resources, visit the [WBL Toolbox](#) • Updated April 2019

| 10

## WBL Insurance and Emergency Information

<b>Student Name:</b>	<b>Work Site:</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>

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:

<b>Parent/Guardian</b>	<b>Home Phone:</b> <b>Work Phone:</b> <b>Phone:</b> <b>Cell Phone:</b>
<b>Parent/Guardian</b>	<b>Home Phone:</b> <b>Work Phone:</b> <b>Phone:</b> <b>Cell Phone:</b>
<b>Additional Emergency Contact</b>	<b>Home Phone:</b> <b>Work Phone:</b> <b>Phone:</b> <b>Cell Phone:</b>

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

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

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.