



**Rochester City School District
Work Based Learning Worksite Visit and Intake Form**

Student: _____

Employer: _____

Date of visit: _____

Registered worksite/employer characteristics

yes

no

The worksite is accessible either by public, school sponsored, or personal vehicle transportation methods	<input type="checkbox"/>	<input type="checkbox"/>
The employer will provide compensation consistent with federal, state and local guidelines	<input type="checkbox"/>	<input type="checkbox"/>
The hours for work are consistent with federal and state child labor standards	<input type="checkbox"/>	<input type="checkbox"/>
The employer will provide workers compensation, as required by state and federal guidelines	<input type="checkbox"/>	<input type="checkbox"/>
The worksite has appropriate safety features (e.g. MSDS, PPE guidelines, posted safety notices for equipment and processes, and etc.)	<input type="checkbox"/>	<input type="checkbox"/>
The employer has systems in place for ongoing safety awareness and interpersonal safety training (orientation and on-the-job)	<input type="checkbox"/>	<input type="checkbox"/>
The worksite has an adequate facility for the student worker to have a meeting with the supervisor/mentor if and when necessary	<input type="checkbox"/>	<input type="checkbox"/>
The worksite has adequate capacity to further develop the skills, knowledge and abilities of the student in the designated training capacity	<input type="checkbox"/>	<input type="checkbox"/>
The employer demonstrates a commitment to train and support the student worker in their work-based learning plan	<input type="checkbox"/>	<input type="checkbox"/>
The student's schedule is appropriate to successfully complete the work-based learning program	<input type="checkbox"/>	<input type="checkbox"/>
The student has designated an individual (either at the worksite or at the school) as a secondary point of contact for any jobsite issues that may arise	<input type="checkbox"/>	<input type="checkbox"/>
The student has support in place, as necessary, with a school sponsored job coach	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/Coach/Mentor Name		

Comments: _____

Work-Based Learning Coordinator Signature

Date