



Career & Technology Education

1310 N. Elm Street | Sweeny, Texas 77480

Sweeny ISD Career & Technical Education Insurance Notification

Dear Parent:

The Sweeny Independent School District is pleased to have your child enrolled in its Career & Technical Education (CTE) program. CTE programs are hands-on activities and students who participate in CTE programs are frequently exposed to moderate risk of injury within the classroom and activities.

While the instructional staff, CTE Advisors and work-based trainers do supervise and instruct students in the proper safety and procedures for the learning experience that students participate in, there is always a risk of injury.

It is the parent’s responsibility to secure accident or medical coverage for their child if such insurance is desired, or to check with your insurance carrier to determine if additional insurance is needed. Sweeny ISD does offer student accident insurance, which may be purchased through the school. Student accident insurance DOES cover instructional accidents.

I acknowledge that I have chosen to allow my student to participate in the Sweeny ISD CTE Program and understand my student may be exposed to moderate risk of injury during program activities. **I HEREBY RELEASE, DISCHARGE, AND INDEMNIFY THE DISTRICT, ITS TRUSTEES, EMPLOYEES, REPRESENTATIVES, AND AGENTS IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION FOR PERSONAL INJURY OR PROPERTY DAMAGE, WHETHER TO MYSELF OR TO THE STUDENT NAMED ABOVE, CAUSED BY, ARISING OUT OF OR IN ANY WAY RELATED TO THE CTE PROGRAM.**

I have read and understood this *Release of Claims*, and I have signed this *Release of Claims* voluntarily and with full knowledge of its significance, in valuable consideration of my student’s voluntary participation in the CTE program.

Should you need additional information regarding student accident insurance, please contact Derek Cook at 979-491-8159.

Student Name

Student

Parent

Date: _____

Date: _____

FOR VENDOR: WRITTEN VERIFICATION IN COMPLIANCE WITH HOUSE BILL 89

Pursuant to Chapter 2270 of the Texas Government Code, I, _____, the undersigned authorized representative of _____ (hereafter referred to as "Company") being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the Company (1) does not boycott Israel currently; and (2) will not boycott Israel during the term of the Contract, dated _____, the Company has with _____ Independent School District.

Pursuant to Section 2270.001, Texas Government Code:

1. *"Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
2. *"Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

Signature: _____

Date: _____

Name: _____

Title: _____

On this the ____ day of _____, 20__, personally appeared _____, the above-named person, who after being duly sworn by me, did swear and confirm that the above is true and correct.

NOTARY SIGNATURE

FOR SCHOOL DISTRICT: CERTIFICATION OF COMPLIANCE WITH SENATE BILL 252

On this day, I _____, the Purchasing Agent for _____ ISD, pursuant to Texas Government Code, Chapter 2252, certify that:

1. I reviewed the list of companies prepared and maintained by the Texas State Comptroller naming companies known to have contracts with or provide supplies or services to a foreign terrorist organization, as identified under Section 806.051, Section 807.051 or Section 2252.153 of the Texas Government Code; and
2. I have ascertained that the below-named company is not contained on the Texas State Comptroller's listing of companies known to have contracts with or provide supplies or services to a foreign terrorist organization, as identified under Section 806.051, Section 807.051 or Section 2252.153 of the Texas Government Code.

Company Name

CERTIFICATION CHECK PERFORMED ON ___/___/___ BY:

RFP or PO Number

Signature

Title



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Work Based Learning Probation

Date: _____

Dear Parent(s) or Guardian(s):

This letter is to advise you that _____ has been put on probation in the Career Preparation/Practicum Program at Sweeny High School.

Probation placement has occurred for the following reason(s):

_____ Dismissal from a work station for "just cause" Uncooperative behavior

_____ Frequent absenteeism and/or tardiness

_____ Extended unemployment, in excess of 15 consecutive days

_____ Failure to abide by policies, rules and regulations of the Campus, District or employer Academic performance

Other: _____

The student will be on probation until _____, at which time he/she may be dismissed from the program in accordance with SISD Administrative Regulation EHB(R) unless the matter has been satisfactorily resolved. A conference to further discuss this matter may be scheduled during the teacher's designated conference period.

Thank you,

Career Preparation Teacher/Coordinator

Phone: _____

Email: _____

Student Signature Date

cc: Assistant Principal
Counselor
District Coordinator of CTE

Parent/Guardian Signature

Date: _____



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Work Based Learning Attendance/Dismissal

ATTENDANCE

Student attendance in school shall be required, regardless of work schedule. A student who is absent from school shall not be eligible to participate in work-based instruction on the day of the absence. It shall be the responsibility of the student to notify the work-based learning teacher and the employer/training supervisor in advance of a necessary absence or tardy to either school or work site. Students that participate in work-based instruction on days in which they were counted absent from school without teacher approval shall receive a grade of zero for that day.

DISMISSAL

A student may be subject to removal from the program with subsequent loss of credit for any of the following:

- 7. Student is dismissed from the training site for "justcause."
- 8. Student displays an uncooperative attitude toward District staff or employers/training supervisors.
- 9. Student has frequent absenteeism, and/or tardiness from school or the training site.
- 10. Student is unemployed for more than 15 consecutive schooldays.
- 11. Student fails to abide by policies, rules, and regulations of the campus, District and/or the training site.
- 12. Student fails two or more courses for more than nineweeks.

STUDENT NAME

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

TRAINING SUPERVISOR SIGNATURE

DATE



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TEACHER/COORDINATOR RECORD OF TRAINING STATION VISITS

School Year: _____

Student Attendance Accounting Handbook Section 5.7.5: “A teacher assigned to teach courses involving work-based learning experiences, both paid and unpaid, must visit each student training site at least six times each school year... Regardless of the length of the grading period, at least one visit must be conducted during each grading period to earn contact hours for that reporting period.”

Enter date and time you visited each student’s training station for each six week period on the chart below:

Student Name	Training Station Supervisor Name Phone Number	Round Trip Mileage	1 st Six Weeks	2 nd Six Weeks	3 rd Six Weeks	4 th Six Weeks	5 th Six Weeks	6 th Six Weeks	Summer

Student Name	Training Station Supervisor Name Phone Number	Round Trip Mileage	1 st Six Weeks	2 nd Six Weeks	3 rd Six Weeks	4 th Six Weeks	5 th Six Weeks	6 th Six Weeks	Summer

Providing the Educational Advantage Since 1912
 Dr. Tory C. Hill, Superintendent of Schools
 Administrative Offices: (979) 491-8000 District Fax (979) 491-8030



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TRAINING STATION VISITATION RECORD

Student: _____

Training Station: _____

Supervisor: _____

Date of Visit: _____

Time of Visit: _____

COMMENTS AND OBSERVATIONS

1. Physical condition of trainee:

2. Work is being done by trainee:

3. Personal appearance of trainee:

4. Instruction being given to trainee:

5. Attitude of trainee toward work:

6. Attitude of employer toward trainee:

7. Attitude of other employees toward trainee:

8. Related subject matter needed:

9. Another early visit urgent?

10. Other observations:



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THIS REPORT WILL BE DUE ON THE DAY ONE RETURNS TO THE CLASSROOM.

ABSENCE REPORT

Name: _____

Today's Date: _____

Date of Absence: Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____

Absence # _____
 Fall _____
 Spring _____

1. Which class periods were you absent?

All _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____

2. What was the reason for your absence?

Doctor _____ Ill _____ Funeral _____ Death _____

Other _____

3. Did you call your teacher/coordinator? Yes _____ No _____

If no, explain _____

4. Did you call your employer as soon as establishment opened for business?

Yes _____ No _____ Time you called _____

If no, explain _____

5. Did you report to work and not to school? Yes _____ No _____

If yes, explain _____

6. What were the class activities for that day?

Subject _____

Class Assignment _____



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Weekly Training Report

Week # _____

Monday's Date _____

Student Name _____

Class Period _____

Teacher-Coordinator Name _____

Training Station _____

Supervisor Name _____

Day	Date	Training Hours			School Attendance	
		From	To	Total	Class Periods Missed	Reason
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday					Job News:	
Sunday						

Main training assignment, new knowledge or skills learned this week, and comments:

I certify that this information is accurate and honest.

Student Signature

Date

Training Supervisor Signature

Date

8.12.2019mm



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Training Sponsor Evaluation of Student Trainee

Student's Name _____

Due Date _____

Training Site _____

Grading Period 1 2 3 4 5 6

Employer: Please complete this evaluation by circling the number that applies in each category and place the corresponding number in the Total space.

	1	2	3	4	5	6	7	8	9	10	Total
1. COOPERATION: Ability to get along with others	Antagonistic, pulls against rather than works with others		Difficult to handle		Usually gets along with others		Cooperates willingly, gets along with others		Gets along well with others, is friendly and helpful		
2. INITIATIVE: Tendency to go ahead	Takes no initiative, has to be instructed repeatedly		Takes very little initiative, requires urging		Does routine work acceptable		Is fairly resourceful, does well by self		Is resourceful, looks for things to learn and do		
3. COURTESY: Polite and mannerly	Has been discourteous to public and staff		Is not polite and is inconsiderate of others		Usually polite and is considerate of others		Considerate and courteous of others		Very polite and always considerate of others		
4. ATTITUDE: Toward constructive criticism	Does not profit from criticism, resents it		Does not pay much attention to criticism		Accepts criticism, tries to do better		Accepts criticism, improvement has been noticed		Accepts criticism, and improves greatly		
5. KNOWLEDGE OF JOB:	Has not tried to learn job and its routines		Pays little attention to learning job		Has learned necessary routines but needs supervision		Understands the job; needs little supervision		Knows job well and shows desire to learn more		
6. ACCURACY, SPEED OF WORK, AND WORK HABITS:	Is extremely careless; works slowly; output is unsatisfactory; wastes time		Is often inaccurate & careless; is slower than average; often wastes time		Makes errors, but work is generally satisfactory; occasionally wastes time		Makes few errors; is careful, neat & thorough; seldom wastes time		Rarely makes errors; work is of good quality; is fast, efficient, & industrious; rarely wastes time		
7. ADAPTABILITY:	Cannot adjust to changing situations		Is slow in grasping ideas, has difficulty adapting to new situations		Makes necessary adjustments after considerable instruction		Adjusts readily		Learns quickly, is adept at meeting changing situations		
8. PERSONAL APPEARANCE: Neatness and personal care	Is extremely careless in dress & appearance		Often neglects appearance & dress code		Is passable in appearance, but should make effort to improve		Has good appearance; looks neat most of the time		Has excellent appearance; looks neat all of the time		

9. ATTENDANCE: How many days did this student call in when scheduled to work?	1	2	3	4	5	6	7	8	9	10	
	Too frequently absent for continued training		Not regular enough in attendance		Usually dependable		Dependable		Never absent except for an unavoidable emergency		
10. PUNCTUALITY: How many days was this student late to training site?	1	2	3	4	5	6	7	8	9	10	
	Too frequently tardy for continued training		Very often tardy		Punctuality could be improved		Seldom tardy		Never tardy except for an unavoidable emergency		
TOTAL GRADE: Up to 100											

Overall, I would rate this student's performance as: (please circle one)

A+ A A- B+ B B- C+ C C- D F

Maturity level of this student: (please check one)

_____ Below Average _____ Average _____ Above Average

SUPERVISOR'S SIGNATURE: _____ **Date** _____

Please print name of Supervisor: _____

In order for this evaluation to be most effective, you are encouraged to go over it with your student trainee and help them make a plan for improvement.

If you wish to meet with the teacher-coordinator regarding the student's performance or this evaluation, please do not hesitate to contact me at:

Please make any comments below: