

KENAI PENINSULA BOROUGH SCHOOL DISTRICT PARENT APPROVAL
Special Education Vocational Training Program

_____ (Student's name) is in the Special Education Vocational Training Program.

This is a cooperative arrangement between the school and local businesses. The student will receive vocational instruction in the classroom and at a local business. These two experiences are planned and supervised by a special education teacher and the business so that both experiences contribute to the student's education and employability.

The training will be provided in accordance with the following conditions:

THE PARENT/GUARDIAN AGREES TO:

1. Ensure the student's school and assignment attendance. I understand that my son/daughter is to attend classes each school day as a prerequisite to work.
2. Encourage the student to succeed in school work and job performance.
3. Be responsible for the safety and conduct of the student while he/she is traveling to and from the school, the business, and home.
4. Consult with the special education teachers on unsatisfactory situations and allow the special education teacher to provide conflict resolution as necessary.
5. Understand that my son/daughter is enrolled in a high school special education training program and may receive little or no financial reward during instructional hours.
6. Read and understand a copy of the training agreement between the student and business, the IEP, and class/ school program materials, and agree to their terms.

RELEASE OF LIABILITY

I/we, as parent(s) or guardian(s) of _____ (student name) and/or the student himself/herself hereby:

1. Consent to his/her participation in the activities of the Special Education Vocational Training Program.
2. Understand that the Kenai Peninsula School District carries minimal Work Experience insurance which would respond for up to \$25,000 of direct medical expenses for injuries which may be sustained while at the business site. In some cases worker's compensation insurance is provided by the State of Alaska for the student while he/she is in a non-paid training program.
3. Agree that I/ we will hold the Kenai Peninsula Borough and School District harmless for damage of property or injury to my son/daughter as a result of his/her participation in this program.

Parent/Guardian Name

(Printed or Typed)

Parent/Guardian Name

(Signature)

Student Name

(Printed or Typed)

Student Name

(Signature)

Required if Student Is 18 Years of Age or Older