The WAI program provides comprehensive pre-employment skills training, employment placement and follow-up for high school students in special education who are making the transition from school to work, independent living and post secondary education or training.

The WAI program offers special education students the opportunity to complete their secondary education while also obtaining marketable job skills.

The WAI program seeks employers in the business community who will give students with special needs a chance to prove themselves.

The WAI program is funded and administered by the CDE.

- 14-22 with IEP.
- Good Attendance.
- Making Academic Progress.
- No Behavior Problems
- Ability To Work Independently.
- Teacher/Counselor Recommendation.

For more info contact Robin D. Lewis-Hampton 415-379-7660 e-mail lewisd@sfusd.edu.
MEMORANDUM OF UNDERSTANDING (MOU)


The San Francisco Unified School District agrees to provide the following:

1. Identify student applicants who will be paid through the Workability program.
2. Process and forward to the District’s Human Resources department all completed applications with required documentation that comply with District hiring policies and procedures.
3. Notify the worksite when student may report to work.
4. Function in the capacity of employer of record, and as such, provide workers’ compensation and District liability Insurance to all youth hired through the San Francisco Unified School District’s Human Resources department.
5. Distribute an information packet to Business, Corporations, and Agencies providing internships.
7. Address and respond to all issues relative to the timesheets and/or payroll.
8. Process work permits for each student intern and forward a copy to the worksite.

The internship placement agrees to the following:

1. Provide a meaningful work-based learning experience for students, including the acquisition of work readiness and job skills as appropriate.
2. Signed timesheets to be faxed to the WA I office must be completed accurate and verifiable and on time.
3. Return original timesheets, emergency information, and other related documents to SFUSD-WAI when Internship is complete.
4. Adherence to state and federal child labor laws.
5. Notify SFUSD-WAI Program at the earliest possible date, of any changes in hours of work, needs, issues or concerns.

Fair Labor Standards ACT (FLSA)

1. Adherence to state and federal child labor laws.
2. The training includes actual operation of the facilities of the business. The intern(s) are under continued and direct supervision by employees of the business aided by WAI staff.
3. The training is for the benefit of the intern(s) and such placements are not made to meet the labor needs of the business.
4. Interns do not displace regular employees or vacant positions. Employees have not been relieved of assigned duties.

The SFUSD Workability I agrees to perform the above services. The business(s) agrees to the above guidelines.

Robin D. Lewis-Hampton

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Robin D. Lewis-Hampton

TYPED OR PRINTED NAME OF AUTHORIZED REPRESENTATIVE
San Francisco USD  
Special Education Services  
WorkAbility I Program

750 25th Ave SF, CA 94121 phone 415.379.7660 fax 415.750.8563.

INTERNSHIP SITE REQUEST FORM

Directions: (1) Complete one form for each position and site. (2) Check one or more semesters that your business can host intern(s), (3) Identify supervisors that will work with intern(s)

___ FALL  August 15- December 2011  
___ SPRING  January 3 - May 2012  
___ SUMMER  2012

Please note that participant to direct supervisor ratio cannot exceed five to one. Additional direct supervisors must be designated if requesting more than five participants. Participants may not work beyond the hours approved by the WorkAbility I Program Coordinator.

Business / Agency Name  
Address  
Phone number

Type of business / agency  
Supervisor name  
Phone number

Alternate supervisor name  
Phone number

Work Site address  (if different than above)  
Phone No.

Business hours - ______am to ______pm

Check the days interns can work:  
Mon___ Tues___ Wed___ Thur___ Fri___ Sat___ Sun___

* Interns can work a maximum of 10 hours per weekend with a maximum of 5 hours per day.

How many interns would you like? ______

Brief description of business / agency  
(attach brochure, if available)

Duties -  
(List duties to be performed and specific skills needed).

SFUSD/Special Education  
Transition Services  
WorkAbility I Program  

mv: 8/26/2011
San Francisco USD
Special Education Services
WorkAbility 1 Program

Qualifications

Describe any training you will provide. (e.g. phone, filing, data entry, general office etc )

List languages available at work site:

WorkAbility Holidays and Non work days

-Last day of work for Spring May 25th.
Fax completed form(s) to 415.750.8563 Attn: WorkAbility 1

I certify that the requested youth(s) will not displace any regular employee(s) of this business.

PRINT OR TYPE NAME SIGNATURE TITLE DATE

Contact Agency if any SFUSD_____ JVS_____ EDD_____ Bridges_____ Other___________
STUDENT WORKERS PAID BY WORKABILITY
Worker’s Compensation, Emergency Information/Procedures

PAY. Each student will be paid through the WorkAbility I program which is funded through the State of California School-to-Career. WorkAbility I is managed by the San Francisco Unified School District. Technically, the students are “employees” of the San Francisco Unified School District (SFUSD); their work site is located at your company.

WORKER’S COMPENSATION. As “employees” of SFUSD, students are covered by the District’s worker’s compensation insurance.

EMERGENCY INFORMATION.
Please read below.

PROCEDURES IF STUDENT WORKER IS INJURED:

- Immediately report a work-injury to the Principal, Supervisor or Site Manager.
- If treatment is sought, the employee is to be sent to SFUSD’s designated ST FRANCIS medical facilities listed below.
- For after-hours and weekend injuries, the designated “after-hour” treatment site is ST. FRANCIS MEMORIAL HOSPITAL or the nearest medical center emergency department.

ST FRANCIS MEDICAL FACILITIES

<table>
<thead>
<tr>
<th>Treatment Room</th>
<th>Health Center at Ball Park</th>
</tr>
</thead>
<tbody>
<tr>
<td>1199 Bush St.</td>
<td>24 Willie Mays Plaza</td>
</tr>
<tr>
<td>(415) 353-6305</td>
<td>(415) 972-2249</td>
</tr>
<tr>
<td>7:30 am - 5:30 pm</td>
<td>7:30 am - 5:00 pm</td>
</tr>
</tbody>
</table>

(After Hours: ER at St Francis Hospital: 1150 Bush St.)

- Complete an Incident Report and forward report to WorkAbility I office.
- Inform WorkAbility I staff at 415 379-7665 or 415-379-7659.
STUDENT – WORKER / INTERN EVALUATION

Date/Semester _______________________

Student ____________________________________ Work Site___________________________
School   ____________________________________ Job Title ___________________________

Using your company’s standards, please rate this student in the following areas that best describe his/her performance.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Surpasses employer’s expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Average</td>
<td>Meets employer’s expectations</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>Needs improvement</td>
</tr>
<tr>
<td>N/A</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Attendance
- Reports to work regularly: E A N N/A
- Arrives to work on time: E A N N/A
- Notifies employer when late or absent: E A N N/A

Appearance
- Dresses appropriately for the workplace: E A N N/A
- Practices good grooming: E A N N/A

Work Standards/Quality
- Shows consistent effort and interest in work: E A N N/A
- Follows directions: E A N N/A
- Takes initiative: E A N N/A
- Works continuously: E A N N/A
- Works entire shift: E A N N/A
- Performs quality work: E A N N/A
- Works independently: E A N N/A
- Works at acceptable rate/speed: E A N N/A
- Knows job duties/responsibilities: E A N N/A
- Adheres to company rules and regulations: E A N N/A

Interpersonal
- Works well with company co-workers: E A N N/A
- Demonstrates positive attitude: E A N N/A
- Accepts constructive criticism well: E A N N/A

Please write your comments concerning the student-worker.

Strengths observed ___________________________________________________________________

Other _______________________________________________________________________________

Person completing this form _______________________________________ Date ______________

For SFUSD-TOP use only:
Grade ___________ Days absent ___________ SFUSD – TOP Employment Specialist