

Akron Public Schools
OFFICE OF CAREER EDUCATION
BULLETIN 10: Off-Campus Lab (Shop) Experience

Career Education students may participate in off-campus instructional activities. In order to keep potential problems to a minimum, through customer satisfaction, insurance protection and good safety practices, the following guidelines are in place:

- ⊆ Off campus laboratory experiences must be appropriate and compatible with the instructional program and be in compliance with Board of Education Policy Code GBCA-RP (Conflict of Interest).
- ⊆ The instructor must have permission slips for all students transported to off-campus locations.
- ⊆ Emergency cards must accompany students any time they leave the school grounds.
- ⊆ **All approved laboratory experiences must be covered by proper insurance (student, automotive and site/location of lab experience):**
 - ⊗ **All students should purchase school insurance or show proof of medical coverage through parent/guardian insurance.**
 - ⊗ **Teacher must verify that the site owner has appropriate liability coverage.**
- ⊆ All off campus laboratory experiences must be in compliance with local building codes, if applicable.
 - ⊗ Owner must secure a building permit (if required) and be listed as the general contractor.
- ⊆ Work performed must exhibit acceptable craftsmanship.
- ⊆ The owner shall, at his/her sole cost and expense, provide **all** supplies and materials required according to the schedule. Such materials must never be invoiced to the school.
- ⊆ Charges to the owner shall include:
 - ⊗ Cost of parts or supplies plus a predetermined service charge and tax (when appropriate) to cover: tool usage, theft of personal property and miscalculations by students.
 - ⊗ Reimbursement for travel (when necessary) to and from the site.
- ⊆ A written contract or agreement between the program and the owner must be on file at the school with a copy sent to the Office of Career Education.
- ⊆ The location of off-campus labs/shops must be on file with the Office of Career Education as well as your school/building office(s).

REQUESTS FOR OFF-CAMPUS WORK PROJECTS

Teacher _____ Program _____ Date _____

Checklist (Please complete)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Students emergency cards are on site.
<input type="checkbox"/>	<input type="checkbox"/>	Students have been safety-trained on equipment.
<input type="checkbox"/>	<input type="checkbox"/>	Students have achieved competency in skill area(s) needed for project.
<input type="checkbox"/>	<input type="checkbox"/>	Can you be reached at the site?
<input type="checkbox"/>	<input type="checkbox"/>	A phone is available. If yes, list the number here: () -
<input type="checkbox"/>	<input type="checkbox"/>	Several others may be at the site. If yes, list:
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently have tools required for the job? If no, list those needed:

PROJECT INFORMATION

Location (address): _____ City: _____ Zip: _____

Estimate of time (number of days on project) _____

Brief Explanation of the project: _____

Competencies to be reinforced _____

Competencies to be learned _____

If you are requesting a van, please include the following inventory of tools that will be transported:

➤ Signed by:

_____ Principal

_____ Teacher

 Career Education Coordinator