

PAID & UNPAID JOB TITLE AND SITE ANALYSIS FORM

For Potential Paid and Unpaid SLE Placements

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|-------------------------|--|---------------------|--|
| SLE Teacher Name/School | | SLE Site Visit Date | |
|-------------------------|--|---------------------|--|

Instructions: The structured learning experience teacher will observe a potential structured learning experience (SLE) site and a targeted job title as part of the SLE worksite evaluation process. The SLE teacher will interview the employer, worksite supervisor, and an employee working in the specific job title for the purpose of ascertaining whether or not this worksite and job title are an appropriate SLE placement for educational purposes. Additionally, a worksite health and safety assessment will be conducted prior to student placements. **

Business Information

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|-------------------------------|--|
| Business/Agency Name: | |
| Business/Agency Contact: | |
| SLE Worksite Address: | |
| Business/Agency Phone Number: | |
| Targeted Job Description: | |

Observational Information

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| Narrative description of employee activities within the targeted job title: | |
| List specific activities and skills required of the employee within the targeted job title: | |
| List tools, equipment and materials the employee handles within the targeted job title: | |
| List tools, equipment and materials on the worksite that the student would be prohibited from using, if any: | |

** See attached Worksite Risk Management Program Evaluation form.

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Analysis Information

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|---|--|--|--|
| What skills are important for student learning at the worksite? | | | |
| What potential core curriculum content areas will be addressed? | | | |
| Does the job title and worksite offer a sufficiency of learning opportunity for students? | | | |
| Would the worksite provide adequate student supervision? | | | |

Potential SLEs

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|---|--|--|--|
| The job title and worksite would be appropriate for the following types of SLEs: | | | |
| The job title and worksite would <i>not</i> be appropriate for the following types of SLEs: | | | |

Follow-up

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| Employer/Agency Contact Person: | |
| Possible SLE Start Date: | |
| Classroom teachers to inform of this potential SLE site: | |

NOTES:

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Worksite Risk Management Program Evaluation Form

This form is a tool to help evaluate the occupational safety and health risk management issues of the potential SLE worksite. Attach additional pages, if necessary.

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|---|---|
| Procedures the student must follow for reporting complaints about occupational safety and health issues, sexual harassment or discrimination: | |
| Emergency evacuation procedures the student must follow in the event of a fire or other threat: | |
| Procedures the student must follow in the case he/she is injured on the job or has a medical emergency: | |
| Emergency telephone numbers for the worksite and where are they posted: (e.g., fire department, police, hospital, poison control, and 911 if available in area) | |
| Name and telephone number of the person responsible for handling occupational safety and health issues at the worksite: | |
| The following training will be provided to the student by the employer/agency: | <input type="checkbox"/> New employee orientation <input type="checkbox"/> Hazard communication/Right to Know <input type="checkbox"/> Worksite occupational safety and health procedures and rules <input type="checkbox"/> Violence/sexual harassment/discrimination training <input type="checkbox"/> Emergency procedures Other: |
| Has the worksite had any occupational safety and health injuries over the last two years? If yes, describe: | |

COMMENTS:

For additional worksite inspection guidance materials, see the Worksite Inspection Checklist found in the "Worksite Safety and Health Evaluation Guide" at: <http://www.nj.gov/njded/voc/sle/evalguide.pdf>