



Dear Parent/Guardian:

Your student, \_\_\_\_\_ (print student name) has enrolled in the \_\_\_\_\_ (concentration name) program at MCTC, and will be gaining work experience through the Simulated Workplace initiative. During their classroom experience, your child will be treated like an employee of a company, thus learning about the importance of employee work ethics, safety, professionalism, teamwork, and customer service. Most teenagers are, or soon will be, involved in the working world. Unfortunately, not all graduates are prepared for this daunting task. Therefore, our goal and vision is to give your child a true working experience by holding them accountable for their choices and actions just as they would be held accountable in the workplace.

The Simulated Workplace initiative has been designed in partnership with various West Virginia businesses and industries. To ensure your child is receiving the most current workplace instruction, we have developed our program's standards, safety measures, protocols and certifications to align with those of related business and industry expectations. Throughout the year, your child will be required to clock in and out, comply with random drug testing, attend classes regularly, and conduct themselves in a professional manner, as well as comply with all program developed policies and procedures.

Within the Simulated Workplace environment, your child will experience various roles and duties of the program. In addition to these roles, your child will be exposed to a variety of hands-on projects and activities, as well as reading, writing and math components. As your child successfully completes each individual component of the Simulated Workplace, he/she will compile a portfolio and complete a capstone project as evidence of the many skills learned.

I look forward to working with you to support your child's academic and career goals. If you have any concerns or questions, please feel free to contact me.

Sincerely,

Instructor

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Name (Printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date Returned: \_\_\_\_\_ (File a copy in student file)



**RELEASE OF INFORMATION CONSENT**

As an enrolled student/parent of Simulated Workplace – Career and Technical Education, I do hereby consent and authorize Monroe County Technical Center and Monroe County Schools to use and reproduce my name, photographs, and any personal information submitted via my portfolio and/or capstone project for the purpose of evaluating my portfolio and/or capstone project by business/industry judges.

My signature hereon serves as student/parental consent.

\_\_\_\_\_  
Employee (Minor) Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (Minor) Signature

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

Below is the schedule for **2021 portfolio** evaluations. **Program completers** are expected to have their completed portfolios ready for presentation on the scheduled date at the specified time. Make-ups granted with excused absence on the scheduled date and permission of the Instructor and CTE Director.

<u>April 21</u>	<u>Period</u>
J Bostic	1st - 2nd
JROTC	2nd - 3rd
M Boone	5th
D Richmond	6th - 7th
<u>April 22</u>	<u>Period</u>
S Hill	1st - 2nd
E Sowers	2nd - 3rd
T Gardinier	5th-6th
K Shirey	7th
<u>April 23</u>	<u>Period</u>
J Bradley	2nd - 3rd



Tricia P. King  
CTE Director

## Monroe County Technical Center

304-753-9971

Making Connections – Taking Charge  
Rt. 1 Box 97, Lindside, WV 24951



### MEDIA CONSENT

#### CONSENT TO PHOTOGRAPH, FILM, RECORD, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE (EDUCATIONAL, PUBLIC SERVICE, OR HEALTH AWARENESS PURPOSES)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, films, movies, recordings, or video tapes of the student named below by Monroe County Technical Center and Monroe County Schools and related student organizations.

I also grant to Monroe County Technical Center and Monroe County Schools and related student organizations the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release Monroe County Technical Center and Monroe County Schools and its agents and employees from all claims, demands, and liabilities whatsoever in connections with the above.

My signature hereon serves as student/parental consent.

\_\_\_\_\_  
Employee (Minor) Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (Minor) Signature

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature





**RANDOM DRUG TESTING CONSENT FORM**

As an enrolled student/parent of Simulated Workplace – Career and Technical Education, I understand that the use of drugs, alcohol and other controlled substances in the workplace creates a safety concern for all students and employees. In the interest of creating a safe learning environment, I hereby give my consent for **Monroe County Technical Center** to conduct random drug tests it considers necessary as outlined in the **Monroe County Schools** Random Drug Testing Policy and I understand that these tests are required for enrollment in all Simulated Workplace settings.

I fully understand that as a Simulated Workplace student/parent, I/my child will be subject to the **Monroe County Schools** Random Drug Testing Policy. A copy of this policy has been made available for review, and I hereby acknowledge that I thoroughly understand its terms and provisions.

My signature hereon serves as student/parental consent:

- a) For me/my child to undergo random drug testing and to submit a sample for that purpose;
- b) For me/my child to be randomly drug tested in accordance with the terms of the **Monroe County Schools** policy;
- c) For **Monroe County Technical Center** to submit my child’s sample for testing for drugs/alcohol prohibited by its policy; and
- d) For the **Monroe County Technical Center** to obtain the results of my child’s drug/alcohol test from a certified laboratory for use in accordance with the **Monroe County Schools** Random Drug Testing Policy.

I release **the DRUG TESTING COMPANY, Monroe County Technical Center, and Monroe County Schools** from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests.

\_\_\_\_\_  
Employee (Minor) Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (Minor) Signature

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature