

- Community Site
- Enterprises

**Blue Valley School District  
CDOP Agreement Form**

Student: \_\_\_\_\_  
School Year: \_\_\_\_\_

**As a participant in the Career Development Opportunities Program:**

1. I understand that the purpose of CDOP is to develop transferable vocational skills that will increase my employability.
2. I understand that I am not guaranteed a CDOP placement at a specific jobsite or environment.
3. I understand that I am not guaranteed a "paid" placement.
4. I understand that I am ultimately responsible for my own success.
5. I agree to develop my individualized CDOP plan with my team.
6. I agree to follow the dress code/uniform of the employer.
7. I will need to work cooperatively with my team members solving academic, attendance, disciplinary and/or other barriers to my vocational training success.
8. I agree to meet as needed with the CDOP staff members who are supporting me.
9. In the event that I have questions or concerns regarding my work placement, I will inform my Job Coach, sponsoring teacher and/or Transition Specialist of my concerns so that we can resolve issues using a team approach.
10. **I understand that any parental concerns will be addressed through my Transition Specialist. Parents are NOT to contact employers directly for any reason other than reporting an absence.**
11. I understand the importance of attendance to my work performance and understand that unexcused absences could result in termination from this program. I agree to avoid scheduling appointments during CDOP hours.
12. **I agree to follow my Communication Chain to report absences.**
13. I understand that the IEP team, by showing just cause, has the right to terminate a placement and/or withdraw me from the program. This could result in the loss of school credit for the time worked or spent in the program.

**I have reviewed the current program description and understand the purpose, guidelines, and general expectations. I agree to follow the program guidelines as they are explained to me.**

**Student Initials:** \_\_\_\_\_ **Parent Initials:** \_\_\_\_\_

**Student transportation consent and release:**

Please review the transportation options listed below and check **all** those that are acceptable for your student. (Parents have responsibility to ensure that their student uses the mode of transportation authorized by the parents. This consent may be revoked or modified in writing at any time.)

- \_\_\_\_\_ Ride to and from community placements or training sites on school authorized vehicles (i.e. Bus Company and/or All Point)
- \_\_\_\_\_ Ride with his/her parent or guardian (if arrangements have been made in advance).
- \_\_\_\_\_ Ride with an adult licensed driver (i.e., in the private vehicle of a transition staff member in special situations).
- \_\_\_\_\_ My student is at least 16 years of age, is a licensed driver, and can drive himself/herself on a regular basis.
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

I/We understand that the School District employees recommend that students utilize transportation authorized by the school whenever possible. For valuable consideration, the receipt of which is hereby acknowledged, I/we knowingly and voluntarily release and forever discharge Unified School District No. 229 and the members of its Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from community training sites by transportation other than a school authorized vehicle.

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Waiver of Release for Photos, Videotaping ect:**

The undersigned hereby grants to the Blue Valley School District and its successors or assignees, the right and privilege to photograph, videotape, film, audio record, dub, reproduce, exhibit, transmit and or simulate the undersigned name, likeness and/or voice, through any media now or hereafter to be produced or released by the Blue Valley School District, in advertising, publicity, education, and thereof. Permission granted will last for the duration of attendance in the Blue Valley Transition Program for the current school year.

**Please check one:**

- \_\_\_\_\_ **Yes** (I agree to the terms of the above release)
- \_\_\_\_\_ **NO** (I do not agree to the above release)

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_