

How to apply for the Diversified Career Occupations program (DCO)

☐ **Step One: Talk to your guidance counselor to see if your schedule can be changed**

- Make an appointment with your guidance office to see your assigned DCO coordinator

☐ **Step Two: Complete LCTI online application:**

- <https://www.lcti.org/apply/>



LCTI Application

DCO Code:
2324DCO

☐ **Step Three: Complete training agreement**

- Must be signed by student, parent/guardian, employer, and guidance counselor
- You must have an approved job and be working at least 15 hours per week

☐ **If you are under the age of 18, your supervisor or mentor will have to attain background clearances per PA state law**



Employer Clearances

- If your supervisor already has their clearances, ask them to submit the clearances to the School-to-Career Office
- If your supervisor doesn't already have their required clearances, please have them go to: www.lcti.org/clear or scan the QR code on the left.
- If you or your employer have any questions, please call 610-799-1361

☐ **Step Four: Check with your DCO coordinator to confirm final approval into the program**

DCO Coordinator Contact Information

Mr. Baylog	Mr. Ferguson
Catasauqua, Emmaus, Southern Lehigh, Whitehall, William Allen	Dieruff, Northern Lehigh, Northwestern, Parkland, Salisbury
Phone – 610-799-1307	Phone – 610-799-1311
Email – baylogj@lcti.org	Email – fergusons@lcti.org

Diversified Career Occupations (DCO) Training Agreement

Student Information

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Emergency Phone Number: _____

Student Cell Phone Number: _____

Student Email Address: _____

Age: _____ Date of Birth: _____

Grade: _____ School: _____

Student Working Papers Number: _____

All signatures are required. Please obtain them prior to returning this form. We the undersigned agree to the responsibility guidelines and criteria statements on this training agreement. A copy will be forwarded to each certifying signature.

Student – Learner _____ Date _____

Parent or Guardian _____ Date _____

Home School Counselor _____ Date _____

DCO Enrollment Date ____/____/____

LCTI School-To-Career Coordinator _____ Date _____

Notes: _____

Employer Information

Company: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Email: _____

Worker's Compensation Insurance Coverage

Does your company carry Worker's Compensation Insurance?
☐ Yes ☐ No
Please provide a copy of your Certificate of Insurance.

Background Clearances

The State of Pennsylvania requires that companies hiring students under the age of 18 entering into work agreements with schools designate one adult employee to secure state and federal clearances.

Does Supervisor have background clearances completed?

☐ Yes ☐ No Act 34 PA Criminal History Clearance
☐ Yes ☐ No Act 151 PA Child Abuse History Clearance
☐ Yes ☐ No Act 114 FBI Federal Fingerprint Report

If yes, please provide a copy of the clearances/reports. If you don't already have the required clearances, please go to: www.lcti.org/clear or scan the QR code below. If you have any questions, please call: 610-799-1361.



Employer Clearances

Job Description: _____

Start Date: _____ Rate of Pay: _____

Work Hours: _____

Mentor (Please Print): _____

Authorized Employer Signature _____ Date _____

RESPONSIBILITIES....

Employer/Training Station

1. The employer/training station will comply with all State and Federal regulations regarding employment, child labor laws, minimum wages, workers' compensation laws, and health and safety standards.
2. The employer will comply with the requirements of Act 15 of 2015 regarding background clearances for the student-learner's supervisor in the workplace. Three clearances are required: 1) Act 34 PA Criminal History Clearance, 2) Act 151 PA Child Abuse History Clearance, and 3) Act 114 FBI Federal Fingerprint Report.
3. The employer will provide work assignments and documentation related to the competencies identified in the student-learner's Training Plan.
4. The employer will authorize the mentor to participate in progress reviews with the student-learner.
5. The employer, training station, or union will not discriminate against student-learners or apprentices based on race, color, national origin, sex, or disability, and does not discriminate in its membership and apprenticeship training.
6. The employer is not liable for unemployment compensation for wages paid to the student while enrolled in the training program.
7. The exposure to hazardous work will be incidental to the student-learner's training and not a part of the student-learner's training program.
8. The employer will not employ a student-learner to displace a regular employee.
9. The employer, student, and parent are responsible for the completion of a valid work permit.
10. The employer will suspend employment of the student during the duration of any labor dispute.
11. The employer will suspend employment of the student if the student is suspended by the school district for disciplinary action.
12. The employer will notify the LCTI School-To-Career Office at 610-799-1361 if the student fails to report to work.
13. The employer will notify the LCTI School-To-Career Office at 610-799-1361 if the student is terminated from employment.

Lehigh Career & Technical Institute
School-To-Career Office
4500 Education Park Drive
Schnecksville, PA 18078
610-799-1361, 610-799-1813 (fax)
www.lcti.org

Accredited by Pennsylvania Department of Education
Bureau of Career & Technical Education

Student-Learner

1. The student-learner must be in regular attendance at school and on the job. If unable to report to work, the student or parent must notify the employer and LCTI coordinator before the normal work day.
Call 610-799-1361 on the day of absence or email nikishern@lcti.org
2. The student-learner agrees to perform the assigned duties with employer documentation in their Training Plan.
3. The student-learner will adhere to all school and employer policies. Co-op is a privilege which can be revoked at the school or employers discretion.
4. The student-learner will participate in progress reviews with employer/mentors and/or school personnel.
5. The student-learner's internship will be suspended if a student receives a suspension from school for disciplinary action. The student may not work while suspended from school.
6. The student-learner will report to school for designated meetings and related instruction on required dates. It is the student's responsibility to notify the employer of these dates.
7. The student-learner, parent, and employer are responsible for completion of a work permit.
8. The student-learner and the student's parents (guardians) are responsible for transportation to and from the training station. Lehigh Career & Technical Institute does not assume responsibility for the student-learner when traveling to and from work or while employed and in attendance at their training site.
9. The student-learner is not eligible for unemployment compensation for wages paid to the student while enrolled in the training program.

School

1. The program is under the direct supervision of a certified School-To-Career coordinator.
2. The School-To-Career coordinator will visit the student and/or mentor on regular basis at the training site for performance reviews.
3. The School-to-Career coordinator will schedule and coordinate progress reviews with mentors, student-learner, school personnel, and student's parent or guardian on an "as needed" basis.
4. The school will follow the curriculum determined by the scope and sequence for the career pathway.
5. The school will assist the student-learner with post-secondary plans.



pennsylvania
DEPARTMENT OF EDUCATION

Annual Educational Objectives for Students Enrolled in a Secondary Career and Technical Education (CTE) Approved Program and Occupational

This form is to be completed each year by students enrolled in Pennsylvania Department of Education (PDE)-approved career and technical education (CTE) programs with the intent to take further technical instruction offered in the program to achieve a related occupational objective. The scope and sequence for the PDE-approved program serves as the educational plan. The instructor and guidance counselor must verify and sign this form.

Student Personal Information

Print student's Last name _____ First name _____ Middle initial _____

Male _____ Female _____ Date of birth _____ Grade level _____

School offering approved CTE program _____

(For CIP and SOC codes, refer to Standard Occupational Classification (SOC) crosswalk to CIP and Pennsylvania and Regional High Priority Occupations.)

CTE Program Name and CIP Code Diversified Career Occupations 32.0105

Aligned Industry Certification Being Pursued _____ SOC Code _____

Occupational Objective (Chosen Profession) _____

Check all that apply:

Employment _____ Military _____ (Specify branch) _____

Postsecondary education _____ (Specify Institution) _____

Signatures:

Student _____ Date _____

Parent _____ Date _____

Instructor _____ Date _____

Counselor _____ Date _____

Pennsylvania State Board of Education, Chapter 4 Section 4.31(e) states that a student's record shall include the student's educational and occupational objectives. This form, PDE-408 or a similar, locally developed form must be completed and signed each school year by the student enrolled in planned technical courses/instruction offered by the program and must be maintained in school files. The Office of the Auditor General will review student records to determine if the technical courses/instruction taken by the student coincides with the planned courses/instruction documented for the approved CTE program.

The Pennsylvania Department of Education (PDE) does not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or any other legally protected category. Announcement of this policy is in accordance with State Law including the Pennsylvania Human Relations Act and with Federal law, including Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990.

School-To-Career Attendance Reporting Form

Note to employer: Students enrolled in an approved School-To-Career program can earn credit. State guidelines require that a record of the student's attendance be maintained by LCTI. It is the student's responsibility to complete and return this form to the school. Employers must verify the student's work hours. Hours listed are solely for awarding credit for work-based learning experiences and may not be an exact representation of the hours the student was paid for. LCTI may request additional payroll documents as needed.

Student: _____

Lab/Program: _____

Employer: _____

Employer's Phone: _____

Month/Year: _____

	Date	In	Out	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Total Hours Month _____

Weekly Totals _____

	Date	In	Out	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Weekly Totals _____

	Date	In	Out	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Weekly Totals _____

	Date	In	Out	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Weekly Totals _____

	Date	In	Out	Total Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Weekly Totals _____

We the undersigned verify the above form was completed by both employer and LCTI student-learner, and accurately reflects the student's time worked.

Student-Learner

Date

Employer

Date