*Parent Letter Template*

**Date**

Dear Parent/Guardian:

**(Student’s Name)** has enrolled in **(Name of Program)** program 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, they will be building a work ready knowledge and obtaining industry recognized certifications.

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’s Name**

**Program Name**

**School Name**

**Phone Number or Email Address**

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

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

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