**Work Based Learning Experience(s) Activities Form**

Consumer: Vendor:

LRS Counselor: Participant ID:

Please circle each day of the month consumer participated

12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

1. EXPERIENCE(S):
	1. Employer:

Description of Experience:

Number of Participation Days:

* 1. Employer:

Description of Experience:

Number of Participation Days:

* 1. Employer:

Description of Experience:

Number of Participation Days:

* 1. Employer:

Description of Experience:

Number of Participation Days:

1. SUMMARY OF EXPERIENCE(S) AND ADDITIONAL COMMENTS:

Consumer Signature: Date:

Vendor Signature: Date: