

WORK-BASED LEARNING EXPERIENCE

Student Name and/or Participant ID#: _____

LRS Counselor: _____

Type of Placement: Short-Term Employment Internship Unpaid Work Experience

WBLE is in an Integrated Environment: Yes No

Work Experience Title (i.e. job title): _____

Employer/Business: _____

Employer/Business Address: _____

Employer Contact: _____

Start Date of WBLE: _____

Anticipated Length of Time of WBLE: _____

Description of WBLE Activities/Duties:

Work Modifications/Accommodations Needed:

For Paid Work Experiences:

Hourly Wage: _____

Hours Per Week: _____

Training Needed from Employer: Yes/No

Total Anticipated Hours of Training: _____

Student Signature: _____ **Date:** _____

***I acknowledge that I have participated in the above Work-Based Learning Experience for at least one day.**

Vendor Signature: _____ **Date:** _____