

Work-based learning experience #: _____ **Completion date:** _____

Completion time: From: _____ **To:** _____

Identifying information:

Individual: _____ **Waiver:** _____ **Date:** _____

Phone number: _____ **Emergency contact:** _____

Provider: _____ **Provider staff:** _____

Potential employment goal:

Work-Based Learning Experience employer information:

Employer/Business: _____ **Contact person:** _____

Address: _____

Telephone number: _____ **Email:** _____

Work-Based Learning Experience job information:

Job title: _____

Essential work duties: _____

Job requirements/qualifications:

Skills requirements:

Summary of job: Include work-related terminology, physical demands, environmental hazards, new employee orientation, needed trainings, work pace, culture, levels of stress, teamwork, dress code, interactions with other employees, etc.

Benefits: _____

Work schedule/shift: _____

Is there a current job opening? _____

Description of the Work-Based Learning Experience: Describe the process that took place during the onsite evaluation of the individual from the beginning to end. Details should include: the individual's transportation to the site, their timeliness and arrival at the job site (including any barriers with accessing the building), first interactions with the potential employer and others, details of the completion of the essential job duties and any potential job duties that might come up, any identified strengths/skills that allowed the individual to easily complete this job, and identified areas of concern or barriers.

Employer's experience: Detail the employer's reactions to the experience and overall thoughts of how the individual performed.

Individual's experience: Detail the individual's experience in their own words. Is this a job they would enjoy? Did the individual think it was a job they could do? Is this job located in their community/neighborhood? Any transportation concerns? Any barriers? Did they enjoy the experience?

Employment specialist summary: Include accommodations, needed training, things to work on, lessons learned, next steps etc. Overall thoughts of was this a good job experience.

Employer: _____ **Date:** _____

Individual: _____ **Date:** _____

Employment specialist: _____ **Date:** _____