

HCS Work Based Learning Experience Records

WBL School: _____

School ID Number: _____

(This is the Experience Owner)

Teachers Name: _____

	<u>Students Name</u>	<u>WBL Employer Name</u>	<u>Type of WBL Experience</u>	<u>Employer Phone</u>	<u>Employer Size</u>	<u>Supervisor Name</u>	<u>Job Title</u>	<u>Paid</u> <i>(Y or N)</i>	<u>Credit</u> <i>(Y or N)</i>	<u>Related to Career Plan</u> <i>(Y or N)</i>	<u>Experience Dates</u>		<u>Exp. Hours</u>
											<u>Beginning</u>	<u>Ending</u>	
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2													
3													
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C-Coop Education
 F-School Based
 I-Internship
 L-Service Learning
 M-Mentoring
 R-Reg. Apprenticeship
 S-Shadowing
 Y-Youth Apprentice

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of Employees
 L- 500+
 M- 50-499
 S- 0-49

(A copy of this form needs to be emailed to Ben Hardee at the district office for insurance purposes prior to experience.)
 (WBL experience must be completed on this electronic form and given to school data clerk for recording.)
 (This data will be extracted by SDE from Power School as a part of the school report card.)