

Instructor Recommendation Form

Work Experience Program Application

School: _____

Date: _____

Student's name:	Grade:	CTE Instructor:	Room:
Date of Birth: _____ Age: _____	I am interested in completing: ___ 90 hrs (0.5 credit); ___ 180 hrs (1.0 credit); or ___ 270 hrs (1.5 credit)		
Contact Number: (Home) _____	Name of CTE Program: _____		
Alternate Contact Number: (Cell) _____	CTE courses completed: _____		
Email Address: _____	Do you have a current health certificate? Yes/No (expiration date: _____)		
Mailing Address: _____	Home Address: _____		

I am interested in applying for the following work experience position(s):

1st _____ 2nd _____ 3rd _____

List employer do you prefer to work for: 1st _____ 2nd _____

List your skills, personal qualities and certifications that support your training choice(s):

Instructor Use Only

I recommend participation in the work experience program.
(Note: Student must be at least 16 years old or above to participate.)

I DO NOT recommend participation at this time for the following reason(s):

Instructor's Signature: _____

Date: _____