



CTE Workplace Experience Program WORK EXPERIENCE PLAN



This form must be completed before the work experience begins. Answer each question carefully and completely. Signatures must be obtained prior to submitting form to the counselor or contact teacher.

Student Name: _____ Date: _____

1. Prospective job title:
2. Describe where you will work (name of business, type of business, size of business, etc.):
3. Is the job Cooperative (for pay) or On-the-job training (no pay)?
4. What days and hours will you work?
5. Describe your duties:
6. Describe the skills important in your job:
7. Describe any health or safety issues at the workplace. This could include special clothing, special tools or equipment, expectations of cleanliness, etc.:
8. Describe any written materials you will use at your workplace:
9. What do you hope to learn or gain from working in this position (besides a paycheck)?

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Counselor/Teacher Signature _____ Date: _____