

WBL Activity Verification Form

I have participated in the following Work Based Learning activity during
200__ - __ school year.

Student Name _____ Date of Birth _____

School _____ Grade _____

Teacher Sponsor _____ Course Name _____

Dates of activity _____

Location where activity took place:

Employer Name and Title:

Phone Number _____

_____ Shadowing

_____ Internship

_____ Mentoring

_____ Youth Apprenticeship

_____ Service Learning
SL hours _____

_____ Cooperative Education (Co-op)

Signature of Student _____

Date signed _____