



Pre-Employment Transition Services (Pre-ETS)

Work-Based Learning Experience Development

Check Appropriate Box:

557X - Eligible Student

1009X - Potentially Eligible Student

Authorization #	
Aware Participant ID	

VR District Office:	Vendor:
VRC Name:	SFS Vendor ID:
	Report Date:

Student First Name:	Student Last Name:
Student Phone Number:	
Student Email Address:	Student Age:

Paid Experience

Unpaid Experience

Individual

Group

Work-Based Learning Experience This is a Final Report Submitted for Payment	
Employer-Based Work Experience	
Business Name & Address:	
Work Experience Start Date:	
Anticipated Completion Date of Work Experience:	
Date of Last Contact if Customer Dropped Out of Service:	
Work Experience Schedule:	

Please Describe the Work-Based Learning Experience in Detail. Include how specific activities completed during the work experience support the customer’s employment goal.

Activities	Details
<input type="checkbox"/> Workplace Tours:	
<input type="checkbox"/> Job Shadowing:	
<input type="checkbox"/> Career Mentorship:	
<input type="checkbox"/> Informational Interviews:	
<input type="checkbox"/> Paid or Non-Paid Internships:	
<input type="checkbox"/> Volunteering:	
<input type="checkbox"/> The Importance of Networking:	
<input type="checkbox"/> Development of Introductory Speech for Networking:	
<input type="checkbox"/> Applying the Knowledge and Skills Learned:	
<input type="checkbox"/> Other Career Related Activities:	

Completed By:

Printed Name

Title

Phone:

Email:

Supervisor

Printed Name

Title