## PreETS Supported Short-Term Paid Work Experience Development for Students: Planning

Job Candidate Name:			
Member ID:	DOB:		
IVRS Staff:	Case Manager:		
CRP Staff:			
If the team determines that the student requires intensive supports to participate in short-term paid work experience, team members complete this form.			
Interest Area(s):			
Business/Company Name:			
Location/Address of Business:			
Telephone Number:	Title of Job:		
Start Date:	Hours of work shift:		
Starting wage:	Hours per week:		
Status: Part-Time Full-Time	Benefits		
Immediate Supervisor's Name:			
Non-negotiable issues:			
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How will the student get to and from their employment site?			
Name of Instructional Trainer (Responsibility of LEA):			
Student Responsibility:			
Family/Guardian Responsibility:			
IVRS Responsibility:			
LEA Responsibility:			

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Job Candidate Name:				
Member ID:		DOB:		
IVRS Staff:		Case Manager:		
CRP Staff:		_		
AEA Responsibility:				
Case Manager Responsibility:				
CRP Responsibility:				
What are the training needs for th	is student to be s	successful with short-term em	ployment?	
Training needs	<b>Supports Necessary</b>		Provided by	
How many hours does the team the	ink will be neede	ed to assist the student in obto	aining short-term	
Signatures:				
Student Signature	Date	Guardian Signature	Date	
CRP Staff Signature	Date	LEA Signature	Date	
IVRS Signature	Date	Case Manager Signature	Date	
Other Team Member Signature	 Date			