

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:

-
-

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:

