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**CTE Workplace Experience Program  
WORK EXPERIENCE PLAN**

This form must be completed electronically by clicking on the text field. Answer each question carefully and completely. Signatures must be obtained prior to submitting form to the counselor.

Student Name: Click here to enter text. Date: Click here to enter text.

1. Prospective job title: Click here to enter text.
2. Describe where you will work (name of business, type of business, size of business, etc.):

Click here to enter text.

1. Describe your duties:

Click here to enter text.

1. What days and hours will you work?

Click here to enter text.

1. Describe the skills important in your job:

Click here to enter text.

1. Describe any health or safety issues at the workplace. This could include special clothing, special tools or equipment, expectations of cleanliness, etc.

Click here to enter text.

1. Describe any written materials you will use at your workplace:

Click here to enter text.

1. What do you hope to learn or gain from working in this position (besides a paycheck)?

Click here to enter text.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_