

Work Experience Agreement

General Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: | | |  | | |
| Company: | |  | | | |
| Work Experience Location: | | | | |  |
| Company Contact Person: | | | | |  |
| Title: |  | | | | |
| Transition Specialist: | | | |  | |

Work Schedule

|  |  |
| --- | --- |
| Sunday |  |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |

Work Experience Goals/Objectives

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

Primary Duties

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

Student Agrees To:

1. Attend according to the agreed upon schedule.
2. Conform to the rules and regulation of the workplace.
3. Notify my supervisor when I will be late or absent.
4. Notify my transition specialist if problems arise or if I have concern.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student Signature |  | Date |

Employer/Supervisor Agrees To:

1. Host/employ (circle one) student per the agreed upon schedule.
2. Conform to federal/state regulations regarding employment, safety, and wages (if applicable).
3. Designate a supervisor/mentor responsible for the student and work experience oversight.
4. Consult with the transition specialist about student performance and participate in evaluating the work experience.

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| --- | --- | --- |
|  |  |  |
| Employer/Supervisor Signature |  | Date |

Transition Specialist Agrees To:

1. Provide/help with training and orientation to the student as necessary.
2. Visit the student at the work site and provide regular feedback and assistance.
3. Assist student and employer/supervisor identify and resolve any performance problem that may arise.
4. Maintain contact with student and employer/supervisor throughout the work experience.
5. Evaluate work experience and provide appropriate credit as required.

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|  |  |  |
| Transition Specialist Signature |  | Date |