

**ILLINOIS STATE BOARD OF EDUCATION**

Career and Technical Education Division

100 North First Street, E-240

Springfield, Illinois 62777-0001

**WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM  
ACCIDENT REPORT**

**INSTRUCTIONS:** Any accident/injury sustained by a WECEP student while performing their work-based learning activity is to be reported to ISBE IMMEDIATELY. A WECEP student is one who is 14 or 15 years of age and in a paid work-based experience. **SUBMIT A SEPARATE FORM FOR EACH INCIDENT OF A WECEP STUDENT ACCIDENT/INJURY.** When submitting this form include a copy of 1) the WECEP variance form, and 2) the student's Training Memorandum – Cooperative Occupational Education. Send completed forms and supplemental documentation to the above address.

DISTRICT NAME AND NUMBER	SCHOOL BUILDING
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	FAX (Include Area Code)
TEACHER/COORDINATOR NAME	E-MAIL

NUMBER OF STUDENTS PARTICIPATING IN A PAID WORK-BASED EXPERIENCE \_\_\_\_\_

***Provide the following information concerning the injured WECEP student.***

STUDENT NAME	DATE OF INJURY
EMPLOYER	EMPLOYER'S TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	WAS AN ACCIDENT REPORT SUBMITTED OR FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, to whom? _____

Provide a detailed narrative of the accident and physical surroundings.

Yes  No Was the WECEP student working in a job that required variance?

Yes  No If Yes, was a variance form submitted and approved for this job duty at the time of the accident/injury?

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Teacher/Coordinator