

ILLINOIS STATE BOARD OF EDUCATION

Career and Technical Education Division

100 North First Street, N-240

Springfield, Illinois 62777-0001

WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM
PROGRAM INFORMATION

This document must be completed and retained in the student's file for program requirement. Do not return to ISBE.

PROGRAM LOCATION

NAME TELEPHONE (Include Area Code)
SCHOOL E-MAIL
PROGRAM LOCATION (Street, City, State, Zip Code) SCHOOL HOURS

CLASS RELATED INSTRUCTION

NAME OF COURSE

LENGTH OF CLASS (complete either the minutes per day OR hours per meeting.)

Minutes Per Day Hours Per Meeting

CLASS DAYS (Check the days on which the class meets.)

Monday Tuesday Wednesday Thursday Friday

CREDIT AWARDED (Check either Carnegie credit unions or semester hours and indicate the number of credits given.)

Carnegie Credit Units credit(s) Semester Hours credit(s)
Work credit(s) Classroom credit(s)

WORD BASED LEARNING EXPERIENCE

WORK-SITE DEVELOPMENT AND ON-SITE VISITS (Indicate the days on which work sites are developed and sites are visited.)

Monday Tuesday Wednesday Thursday Friday
AM AM AM AM AM
PM PM PM PM PM

OTHER DUTIES ASSIGNED

Other Duties Assigned: Amount of Time Per Day:
[Blank lines for text entry]

Date

Signature of Career and Technical Education Director

Date

Signature of Teacher Coordinator