

ILLINOIS STATE BOARD OF EDUCATION
Career Development Division, E-240
100 North First Street
Springfield, Illinois 62777-0001

WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM
Accident Report
2003-2004

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 Plan and Training Agreement. Send completed form and supplemental documentation to Nancy Harris at the above address.

SCHOOL DISTRICT _____

SCHOOL BUILDING _____

SCHOOL TELEPHONE _____

TEACHER NAME _____

HOME TELEPHONE _____

1. Number of students participating in a paid work-based experience _____

2. Provide the following information concerning the injured WECEP student:

Student's name _____

Place of employment _____

Address of business _____

Employer's telephone _____

Date of injury _____

Description of student's job duties _____

3. Was an accident report submitted or filed? YES NO

If yes, to whom? _____

4. Provide a detailed narrative of the accident and physical surroundings:

5. Was the WECEP student working in a job that required a variance: YES NO

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

Teacher's Signature

Date