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

WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM
Information

PROGRAM LOCATION

NAME	TELEPHONE
SCHOOL	E-MAIL ADDRESS
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 units 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)*

WORK-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:**

_____ _____
Signature of Vocational Director *Date* *Signature of Teacher Coordinator* *Date*