

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

WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM
Student Report Form For ISIS

STUDENT INFORMATION FILE FOLDER

1. REPORTING SCHOOL ID	10. HOME SCHOOL ID
2. REPORTING SCHOOL NAME	11. GENDER
3. STUDENT ID	12. SOCIAL SECURITY NUMBER
4. LAST NAME	13. RACIAL/ETHNIC
5. FIRST NAME	14. ENROLLMENT STATUS
6. MIDDLE INITIAL	15. GRADE LEVEL
7. ADDRESS	16. BIRTHDATE
8. CITY, STATE, ZIP CODE	17. ICP YES
9. PHONE	18. CAREER INTEREST AREA <i>(Choose one from six categories)</i>

SPECIAL POPULATION SCREEN (*ADD other codes if applicable)

1. SPECIAL POPULATION CODE AD (individuals who are academically disadvantaged)
2. SERVICE CODES
3. ACTIVITY CODES

ENROLLMENT/WBL FILE FOLDER

1. LOCAL COURSE ID	6. CIP COURSE CODE 59.0109
2. LOCAL COURSE DESCRIPTION	7. WBL CODES (*ADD other codes if applicable) B2 (Paid/Related/School Year/Coop)
3. LOCAL COURSE SECTION	8. SEMESTER ATTENDED <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Both
4. NUMBER OF SEMESTERS TO COMPLETE COURSE	5. CREDITS/SEMESTER

WECEP DATA SCREEN - DETAILED DATA

1. FISCAL YEAR		
2. FALL SEMESTER	3. SPRING SEMESTER	
A. TOTAL ATTENDANCE	A. TOTAL ATTENDANCE	
B. TOTAL HOURS WORKED	B. TOTAL HOURS WORKED	
C. TOTAL WAGES	C. TOTAL WAGES	