



|                                |                    |
|--------------------------------|--------------------|
| <b>Student Name:</b>           | <b>Work Site:</b>  |
| <b>Address:</b>                | <b>Supervisor:</b> |
| <b>City/Zip:</b>               | <b>Address:</b>    |
| <b>Phone:</b> <b>DOB:</b>      | <b>City/Zip:</b>   |
| <b>Area of Elective Focus:</b> | <b>Phone:</b>      |
| <b>High School:</b>            | <b>Start Date:</b> |

**Typical Weekly Work Schedule:** *Hours for credit-bearing experiences must equate to a full-time equivalent course.*

| Day          | Time of Work |    | Total Hours Worked | Type of WBL Experience                     |
|--------------|--------------|----|--------------------|--|
|              | From         | To |                    |  |
| Monday       |              |    |                    | ● Apprenticeship (Registered)              |
| Tuesday      |              |    |                    | ● Clinical                                 |
| Wednesday    |              |    |                    | ● Cooperative Education                    |
| Thursday     |              |    |                    | ● Internship                               |
| Friday       |              |    |                    | ● Transition (paid or unpaid)              |
| Saturday     |              |    |                    | ● School Based Enterprise Service Learning |
| Sunday       |              |    |                    | ● Service Learning                         |
| <b>Total</b> |              |    |                    |  |

**Employability Skills:** *This student is participating in work-based learning for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education, future careers, and life:*

**Application of academic and technical knowledge and skills**  
**Career knowledge and navigation skills**

**21st Century learning and innovation skills**  
**Personal and social skills**

**Verification:** We, the undersigned, give permission for the above-named student to participate in the WBL program, and we understand and agree to meet the requirements of the WBL Framework as provided in State Board of Education policy and in the WBL Policy Guide provided by the Tennessee Department of Education. We verify the above information is correct and is consistent with federal and state guidelines for work-based learning experiences.

|   |              |
|---|--------------|
| <b>Student:</b>   | <b>Date:</b> |
| <b>Parent or Guardian:</b>  | <b>Date:</b> |
| <b>Endorsed Teacher:</b><br><i>(When not the WBL Coordinator)</i> | <b>Date:</b> |
| <b>WBL Coordinator:</b>   | <b>Date:</b> |
| <b>Principal:</b> <b>School:</b>                                  | <b>Date:</b> |
| <b>CTE Director:</b><br><i>(or designated WBL Coordinator)</i>    | <b>Date:</b> |
| <b>Work Site Supervisor:</b>                                      | <b>Date:</b> |

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

VERIFY WORKERS' COMPENSATION COVERAGE: \_\_\_\_\_ YES \_\_\_\_\_ NO

