

Supported Short-Term Paid Work Experience for Students

If the team determines that the student requires intensive supports to participate in short-term employment, team members complete this form.

Student Name:

Interest Areas for Employment:

Hours available to work:

Non-negotiable issues:

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How will the student get to and from their employment site? _____

Name of Instructional Trainer (Responsibility of LEA): _____

Student Responsibility:

Family/Guardian Responsibility:

IVRS Responsibility:

LEA Responsibility:

AEA Responsibility:

Case Manager Responsibility:

CRP Responsibility:

What are the training needs for this student to be successful with short-term employment?

Training needs	Supports Necessary	Provided by

How many hours does the team think will be needed to assist the student in obtaining short-term employment?

Signatures:

Student Signature Date

Guardian Signature Date

CRP Staff Signature Date

LEA Signature Date

IVRS Signature Date

Case Manager Signature Date

Other Team Member Signature Date