

Special Education Work Study Plan

Page 1 of 2

_____ This building has no special education students in work study.

Form QQ

PUPIL								
Name (Last)		(First)			Date of Birth		Age	
Address		City			Zip Code		Telephone Number ()	
Number of Credits to be earned		Beginning Date		Expected Ending Date		Pay Per Hour		
		Length of Job						
Title of Job								
Work Schedule								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Number of Hours								
Social Security Number				Driver License Number				

EDUCATIONAL AGENCY			
Legal Name of the School District			District Code Number
Address		City	Zip Code
			Telephone Number ()

EMPLOYER		
Legal Name of the Employer		Telephone Number ()
Address	City	Zip Code
Worker's Compensation Carrier		

I. SCHOOL
Identify the specific educational, vocational, and/or behavioral skills this program is designed to reinforce.
Include criteria for acceptable performance.

II. SCHOOL
Related Classes

Special Education Work Study Plan
Page 2 of 2

III. EMPLOYER	
List the primary job activities. Where possible, include criteria for acceptable performance. If additional space is needed, use extra sheets and attach them to this form.	Maximum Hrs. per week

IV. GENERAL CONDITIONS
<p>A. Pupil agrees to abide by the regulations and policies of his employer and the school.</p> <p>B. The employer agrees to assume the responsibility for providing the pupil with the broadest occupational experience in keeping with the job activities.</p> <p>C. The coordinator will arrange for in-school related instruction, consultation, and advisory service to parties concerned with this training program.</p> <p>D. The employment of the pupil shall conform to all federal, State, and local laws, including nondiscrimination against any applicant or employee because of age, sex, race, national origin, or handicap.</p> <p>E. This training program shall NOT be interrupted without prior consultation among the pupil, employer, and coordinator.</p> <p>F. The employer will protect the health, welfare, and safety of the pupil.</p>

V. SIGNATURES OF PERSONS APPROVING THIS PROGRAM	
	DATE
Pupil	
Employer	
Parent	
Coordinator/School Official	