FAYETTE COUNTY WORK-BASED LEARNING DOCUMENTATION FORM

STUDENT NAME: _____

HIGH SCHOOL: _____

CLUSTER/CAREER MAJOR: _____

WVEIS NUMBER: _____

Types of Work-Based Learning Experiences:

APPREN	Apprenticeship
CLINIC	Clinical
COMM	Community Service/ Service Learning
COOP	Co-op Work Experience
ENTRSB	School-Based Enterprise
ENTRSS	School-Sponsored Enterprise
INTERN	Internship

MENTOR	Mentoring
OTHER	Experiences other than those listed, etc: Field Trip, Regular Employment, Senior Project, Entrepreneurship, Paid Work Experience
SHADOW	Job Shadowing
SIMUL	Computer Simulation
SOE	Supervised Occupational Exp.

Type of Work-Based Learning (25 hours minimum required)	Date(s)	Hours Completed	Location	Mentor/Contact Person	Advisor/Counselor/ Administrator/Verification (Please initial)