



Trial Work Experience Agreement

Individual Name: _____

Business Name: _____

Business Address: _____

Business Contact: _____ Phone/Email: _____

Assigned Supervisor: _____ Phone/Email: _____

Expected Start Date: _____ Expected End Date: _____

Goals of Trial Work Experience:

Tasks:

Skills to Assess:

Functional Capacities and Job Readiness Considerations:

Auxiliary Aids/Supports Required:

Rationale and Objectives discussed with Individual, Authorized Representative, and all members of the team? Yes No

Individual Signature _____ Date _____

Authorized Representative _____ Date _____

**Measurement Criteria for Trial Work Experience: On-the-Job Report will be completed by VR Specialist after consultation with individual, employer, and job coach.*

Original – VR

Section 3

Copy to:

Individual Authorized Representative Service Coordinator Service Provider