05/2022

Pre-Employment Transition

Work-Based Learning Experience Information

To be completed by Consumer:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____

Gender ☐ Female ☐ Male ☐ Did not self-identify

To be completed by VR Staff:

*Verify above information with QE2

Start Date _____End Date _____

Worksite Information:

Name: _____

Address: _____

City _____ State _____ Zip _____

Supervisor Name: _____ Phone: _____

Maximum # of Hours: _____ Rate/Hr.: $ _____

Worksite Skills Trainer: ☐ Yes ☐ No

Coding:

_____ _____

Subledger Subsidiary

VR Specialist: _____

VR Office: _____

Completed by: _____