5/2022



Pre-Employment Transition

Work-Based Learning Experience Information

То	be completed by Consumer:			
1.	Name:			
2.	Address:			
	PO Box City	State	Zip	
3.	Phone Number:			
4.	Gender Female Male Did not self-ide	entify		
То	be completed by VR Staff:			
*V	erify above information with QE2			
1.	Start Date	End Date		
2.	Worksite Information:			
	Name:			
	Address:			
	PO Box City	State	Zip	
	Supervisor Name:	P	hone:	
3.	Maximum # of Hours: Rate/Hr.: \$			
4.	Worksite Skills Trainer: Yes No			
5.	Coding:			
	Subledger Subsidiary			
6.	VR Specialist:			
7.	VR Office:			
Co	mpleted by:			