

SPECIAL ED TRANSITION SERVICES - WORK-BASED LEARNING EXPERIENCES

District:	School Year:
Building/Program:	Count: <input type="checkbox"/> Fall <input type="checkbox"/> Spring

INSTRUCTIONS: Complete for all Special Ed students that are enrolled in work-based learning (e.g., Team Work).

Name (Last, First)	Grade or Category	Student assigned to a Spec Ed teacher? (Y/N)	≤ 48 hours per week at work and school? (Y/N)	Written training agreement <i>and</i> training plan on file? (Y/N)	Attendance records maintained by employer? (Y/N)	1 <i>documented</i> site visit once every 30 calendar days? (Y/N)	FTE	
							Total	WBL Portion (must be ≤ .5)
TOTAL FTE								