**EMPLOYMENT TRANSITION PLAN**

See Instructions at end of form.

1. Student and parent/guardian information

Student name: Click here to enter text. Date of birth: Click

here to enter text.

Grade: Click here to enter text. School: Click here to

enter text.

Address: Click here to enter text. Phone number: Click

here to enter text.

Parent/guardian name: Click here to enter text. Phone number: Click

here to enter text.

Address, if different from above: Click here to enter text.

2. Expected employment dates

Start date: Click here to enter text. End date: Click here to

enter text.

3. Workplace information

Business name: Click here to enter text.

Contact person: Click here to enter text. Phone Number:

Click here to enter text.

Address: Click here to enter text.

4. School-district supervisor: Click here to enter text. Phone number: Click

here to enter text.

5. Employment details

Job title: Click here to enter text. Location(s): Click

here to enter text.

Job task(s): Click here to enter text.

6. Expected work schedule

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| AM | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| PM | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

7. Number of work hours per week

Minimum: Click here to enter text. Maximum: Click here

to enter text.

8. Wages: Hourly: Click here to enter text. Daily: Click here to enter text.

Weekly: Click here to enter text. Bi-weekly: Click here to enter text.

9. Academic or employment competencies and criteria for mastery

|  |  |
| --- | --- |
| Academic or employment competencies | Criteria for mastery |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

10. Accommodations or assistive technology needs: Click here to enter text.

11. Expected industry certification(s) and occupational completion points (if applicable) Industry certification(s): Click here to enter text.

Occupational completion points: Click here to enter text.

12. Description of the training that will be provided by the

employer. Click here to enter text.

13. Description of the support or supervision to be provided by the

school district: Click here to enter text.

14. Special notes Click here to enter text.

15. Signatures

|  |  |
| --- | --- |
|  | Click here to enter text. |
| Student: Click here to enter text. | Date |
|  | Click here to enter text. |
| Parent/Guardian: Click here to enter text. | Date |
|  | Click here to enter text. |
| Teacher: Click here to enter text. | Date |
|  | Click here to enter text. |
| Employer: Click here to enter text. | Date |