



FLORIDA DIVISION OF VOCATIONAL REHABILITATION
WORK-BASED LEARNING EXPERIENCE (WBLE) PLAN & AGREEMENT

The following Plan and Agreement was developed collaboratively between the School District, the Student, and the Employer:

WBLE TRAINING PLAN

Table with 2 columns and 10 rows for WBLE Training Plan details including Name of Student, VR ID Number, Referral Date, Referral Acceptance Date, and various goal and service fields.

WBLE TRAINING AGREEMENT

_____ (School District) and _____ (Employer), located at _____ mutually agree that _____ (Student) will participate in a WBLE as an Employee/Trainee for the purpose of gaining practical knowledge and experience in the occupation of _____ while learning and applying social/soft/employability/self-advocacy skills in a real world setting.

The following time limitations apply for Pre-Employment Transition Services (Pre-ETS) youth ages 14-21:

- Brief exposure activities to a variety of work settings (limited to 5 hours/job) – may include worksite field trips, job shadowing, or information interviews.
Work-Related Training and Work Experience – (limited to 120 hours/job) – a period of work experience for the purpose of learning, practicing, or applying soft, social, or work readiness skills.

Total hours student will participate in this work experience: _____

Paid/Unpaid work experience (Check one):

[] By checking this box, the School District indicates that the WBLE described herein is being offered as a paid work experience. The Student will be paid at the rate of \$_____ for _____ hours per week. (Note: The hourly wage rate indicated should be minimum wage or higher and hours must comply with Department of Labor Child Labor Laws.)

The Employer Agrees To:

- Provide instruction to the Student regarding safe and correct work procedures;
- Supervise the Student’s work;
- Ensure the Student is receiving appropriate training in the anticipated areas of skills development described in the WBLE Plan and Agreement;

The School District and Employer Mutually Agree:

- To consult with School District and VR Staff if Student dismissal is anticipated;
- To permit the School District and VR Staff to regularly review the progress of the Student; and
- To permit the School District and VR Staff to visit the Student at the job site to provide instruction, information and counseling, as appropriate;

If a paid work experience :

The Employer will ensure that an employment relationship exists between it and the Student and, therefore, accepts the basic responsibilities of employment as defined under all applicable laws, including but not limited to, the Fair Labor Standards Act.

VR will NOT provide wage reimbursement for WBLE Students.

WORKERS’ COMPENSATION REPORTING REQUIREMENTS

The School Board and/or the Employer agree(s) to the responsibilities and policies related to Workers’ Compensation with the Department of Education/Division of Vocational Rehabilitation. The School Board hereby attests the Student was provided with a copy of the Vocational Rehabilitation Accident Reporting Instructions card prior to beginning the above agreed upon OJT experience, and the Employer was provided with copies of the Reporting an on the Job Injury or Illness and Workers’ Compensation Liaison forms.

REQUIRED SIGNATURES

Planned Beginning Date: _____ Planned Completion Date: _____

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____
(If applicable)

VR Staff: _____ Date: _____

Employment Specialist: _____ Date: _____

Employer: _____ Date: _____