



FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION (VR)
WORK BASED LEARNING EXPERIENCE (WBLE) FINAL REPORT

WBLE FINAL REPORT

Name of Student:

Student VRID Number:

Date of Referral:

Provider Referral Acceptance Date:

Type of WBLE Desired:

Total number of anticipated WBLE hours (from the WBLE Agreement):

Total number of actual WBLE hours worked:

If total number of actual WBLE hours worked differs from anticipated hours, provide justification of discrepancy:

A comprehensive description of the initial targeted skills: (This section should include a detailed response of the targeted skills the Student was expected to obtain from this WBLE experience.)

A comprehensive description of the actual skills acquired: (This section should include a detailed response of the skills the Student obtained from this WBLE experience.)

A detailed description of the challenges that occurred and how each was addressed. How will these challenges be addressed in future career exploration/job development?



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A detailed description of how the acquired skills will be utilized in further career exploration/job development.

STUDENT SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN: _____ **Date:** _____

PROVIDER: _____ **Date:** _____