



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

The following Plan was developed collaboratively between the Provider, the Student, VR Counselor and the Employer:

<b>Name of Student:</b>	<b>VR ID Number:</b>
<b>Referral Date:</b>	<b>Provider Referral Acceptance Date:</b>

<b>WBLE Career Fields to be Explored (Interests):</b>
<b>Labor market information related to the Work Based Learning Experience (WBLE):</b>
<b>Anticipated Area(s) of Skill Development:</b>
<b>Anticipated Supports or Accommodations Required by Student:</b>
<b>How desired work experience relates to targeted WBLE skill development:</b>
<b>Prospective Businesses to be pursued for the desired WBLE:</b>

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employment Specialist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employment Specialist Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_