pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION

STUDENT STATUS REPORT

PWE - Paid Work Experience

Student Name: _____ **Provider:** _____

School District (Note "Post-Secondary," if applicable): _____

Report Dates: _____ **to** _____ Referral ID/PO# _____

Employment Start Date:	**Work Schedule:**	**Length of Program (Weeks):**

Worksite: _____ **Student Position:** _____

Worksite address: _____

Pay Frequency: _____ ***Hours Worked Per Week:** _____ ***Pay:** _____

Worksite Trainer: _____ **Worksite Trainer's Phone/Email:** _____

Billing for this report:
# of Development Hours (59209D) _____ **# of Learning Hours (59209L)** _____ **# of Other Hours** _____

Description of Worksite Trainer Activities:

Student Tasks:

***Work-Related Behaviors:**
Rate the student in each category using a scale of 1-4 (all sections must be completed).
(1 = needs complete assistance; 4 = independent)

Social Behavior: Overall score (1-4): _____

Strengths	Areas of Improvement	Summary/Comments

Communication: Overall score (1-4): _____

Strengths	Areas of Improvement	Summary/Comments

Appearance: Overall score (1-4): _____

Strengths	Areas of Improvement	Summary/Comments

Job Performance: Overall score (1-4): _____

Strengths	Areas of Improvement	Summary/Comments

Job Tasks: Overall score (1-4): _____

Strengths	Areas of Improvement	Summary/Comments

Notes: *(When applicable, please refer to final page for dates and hours worked)*

WORKSITE QUESTIONS (ONLY REQUIRED FOR FINAL REPORT)

1. Did the student come prepared with the skills needed to contribute to and benefit from the experience?

2. What can this student focus on to become a better employee?

3. Did the student interact with coworkers in an appropriate manner?

STUDENT QUESTIONS (ONLY REQUIRED FOR FINAL REPORT)

1. What did you like best about this experience?

2. What did you like least about the experience?

3. What are two things you learned from the experience?

4. Explain how high school has helped prepare you for this work experience.

STUDENT TIME SHEET			
Date	**Start Time**	**End Time**	**Total Hours**
		TOTAL STUDENT HOURS:	0

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

Paid Work Experience Development Services - JD

Development Services Provided *(Job sites/Employers contacted, phone calls made, etc.)*	**Date(s)**	**# of Hours**
Additional Comments (if applicable):	**Total JD Hours :**	0.00

Paid Work Experience - Learning/Support Services - JL

Learning Services Provided	**Date(s)**	**# of Hours**
Observation or supervision of student(s)		
Transporting to job site		
Orientation of student(s) to the job		
Instruction and/or demonstrations on how to perform a task		
Behavior management		
Organizational or time management skills		
Other (specify):		
	Total JL Hours:	0.00