

**UTAH STATE OFFICE OF REHABILITATION**  
Student Work Based Learning Experience

This document specifies the services to be provided by the Community Rehabilitation Program, employer and the Utah State Office of Rehabilitation (USOR) in establishing a Work Based Learning Experience (WBLE) for:

**1. Client Information:**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**2. VR Counselor Information:**

Counselor Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**3. Employer Information:**

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

OJT Supervisor/Trainer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**4. CRP Information:**

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

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**5. Work Based Learning Experience Start Date: \_\_\_\_\_**

**6. Work Based Learning Experience End Date: \_\_\_\_\_**

**7. Employer Expectations:**

The employer agrees to:

- A. Provide training and supervision for the employee/client.
- B. Pay trainee's wages as follows: \_\_\_\_\_  
*(Note: The payment amount and schedule should be at least commensurate with the prevailing wage for the position within the organization)*
- C. Employer/trainers must be willing to cover the client's social security, worker's compensation, or other appropriate insurance coverage, and fringe benefits normally provided to other employees.
- D. Employer/trainers will provide weekly updates regarding the employee's progress to the CRP.
- E. Employer/trainers will submit billing to the VR Counselor at the end of each week or month or as needed for reimbursement for training costs.

**8. Utah State Office of Rehabilitation (USOR) Expectations:**

The USOR VR Counselor agrees to:

- A. Pay the employer/trainer a negotiated training fee as follows:
- B. When appropriate, furnish equipment, tools, and supplies that are required by the client/trainee for training and/or employment.
- C. Provide technical assistance, counseling, support, and follow-up to the CRP and employer in resolving problems that may arise during the period of the WBLE.

**9. Community Rehabilitation Program Provider Expectations:**

The CRP Employment Specialist agrees to:

- A. Provide Work Readiness Training for up to 5 work days to assist the client with onboarding procedures.
- B. Act as the liaison between the employer, VR Counselor, and client.
- C. Contact the employee's supervisor weekly to obtain progress updates.
- D. Involve the VR Counselor for technical assistance when necessary to resolve problems.
- E. Send weekly progress reports to the VR Counselor.
- F. Provide ongoing work readiness training as needed and authorized. This activity cannot occur at the employee's work station.
- G. Complete the final progress report at the completion of the WBLE during a final meeting with the VR Counselor and Client.

**10. Client/Trainee Expectations:**

The client agrees to:

- A. Learn and understand the policies and procedures of the employer/company.
- B. Attend and follow the agreed upon work schedule
- C. Maintain open communication with his/her employer, CRP, and VR Counselor during the WBLE.
- D. Report immediately to the CRP, employer and VR Counselor any circumstances that might affect continued eligibility in the OJT program (e.g. illness, change of address).

This agreement may be terminated at any time by the employer/trainer, VR Counselor, and/or client/trainee.

\_\_\_\_\_  
Employer/Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Trainee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VR Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Rehabilitation Program

\_\_\_\_\_  
Date

Cc:   Employer  
      Client  
      VR Counselor  
      Community Rehabilitation Program

USOR-72

APPENDIX 25-B2

Utah State Office of Rehabilitation

**WORK BASED LEARNING EXPERIENCE (WBLE) PROGRESS REPORT**

(To be completed weekly)\*

Supervisor/Employer Name & Address:		Return Completed Form To:		
Client Name:				
Reporting Period:	From:	To:		
Was the individual late for scheduled activities in this reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how often?				
Did the individual have unexcused absences in this reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how often?				
	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance & Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate of Task Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Things Done Well:				
Concerns or Issues:				
Interventions Provided by CRP:				
Provider Signature	Provider Title	Date Signed		