

Work-Based Learning Program Approval Form

1. School _____
2. Student's Name _____
3. Program/Course Name _____
4. Emergency Contact: _____ Ph. No. _____ cell: _____
5. Employer/Mentor Name: _____ Ph. No. _____

6. Work-Based Learning approval checklist. Check the appropriate box if completed.

- This work-based learning experience is related to the student's course of study.
- The *Agreement of Expectation for Hawaii Work-Based Learning Experience* has been completed with the signatures of all parties.
- The *Work-Based Learning Training Plan* is complete and has identified student expectations, evaluation methods, and person doing the evaluation.
- The *Hawaii Work-Based Learning Program Checklist* is complete and this site has been approved as a safe work environment for the placement of students.

7. Type of business/facility where students would be placed (Check all that applies).

___ Office ___ Food Service ___ Technical Shop ___ Health Care Facility

___ Public and Human Services ___ Outdoors ___ Auto/Marine/Aviation Shop

___ Other (specify) _____

Requestor _____ Date _____
 Site Coordinator/Teacher

Approved as a Work-Based Learning Program for purposes of Act 242, SLH 2001:

 Principal Date