

Evergreen School District #114
COOPERATIVE WORK EXPERIENCE
Student File Checklist
For Career and Technical Program Use Only

Students' Name _____ School _____

Related Class _____ Hours Start Date _____

Required Documents/Information

Document

District Required Forms/Information

- _____ Student Application/Driving Authorization/Medical Release
- _____ Driver's License Copy
- _____ Driver's License Expiration Date
- _____ Proof of Vehicle Insurance Copy
- _____ Vehicle Insurance Expiration Date

State Required Forms/Information

- _____ **Education Plan**
- _____ **Learning Agreement**
- _____ **Documentation of Hours**
- _____ **Parent/School Authorization Form***
- _____ **Special Variance****
- _____ **Supervisor Orientation**
- _____ **New Employee Orientation/Safety Check List**
- _____ **Worksite Qualification Criteria**
- _____ **1st Semester/Trimester Learning Plan Evaluation**
- _____ **2nd Semester/Trimester Learning Plan Evaluation**
- _____ **3rd Trimester Learning Plan Evaluation**

Employer

Company _____
 Address _____

Supervisor _____
 Phone _____

Employer

Company _____
 Address _____

Supervisor _____
 Phone _____

Employer

Company _____
 Address _____

Supervisor _____
 Phone _____

* If under 18 years old

** If working beyond 20 hours per week while school is in session