



Local Education Agency Agreement

Cooperative Work-Experience Program

Attachment A

Name/Address of Local Education Agency

School Year

Potential Number of Students

Name/Title of Work-Experience Coordinator (WEC)

Name of Division of Vocational Rehabilitation District Office

and/or

Name of Rehabilitation Services for the Blind District Office

Names of Vocational Rehabilitation Counselor (VRC)

Name of Vocational Rehabilitation Counselor (VRC)

It is noted that WEC release time will be provided as determined appropriate by the LEA, and in accordance with Graduation Requirements for Students in Missouri's Public Schools. This local agreement is signed in accordance with the terms set forth in the Cooperative Work-Experience Program Agreement, will be reviewed annually to determine if there are any changes, and may be terminated by providing 30 days advance written notice.

THIS AGREEMENT SHALL BECOME EFFECTIVE UPON SIGNING BY THE DULY AUTHORIZED REPRESENTATIVE OF THE PARTIES HERETO AND APPROVED BY THE ASSISTANT DIRECTOR OF TRANSITION SERVICES.

Superintendent, Director of Special Education or Designee, Local Education Agency

Date

Supervisor, Vocational Rehabilitation District Office

Date

Supervisor, Rehabilitation Services For The Blind District Office

Date

Director, Area Vocational-Technical School

Date

MAIL TO: ♦ Dorothy Parks, Assistant Director, 3024 DuPont Circle, Jefferson City, MO 65109

NOTE: Signed agreements are to be forwarded **only after all appropriate signatures have been obtained**, to the Assistant Director of Transition Services for review and approval. Copies of approved agreements will then be sent to the LEA and VR District Office.

APPROVED:

Assistant Director of Transition Services

Date