**Missouri VR Summer Work Experience Plan**

| CRP Name:       |
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Student Name:

Address:

Phone Number:       Emergency Phone number:

Date of Birth:

VR Counselor Name:

High School:

Expected Date of High School Graduation (month/year):

| Work Experience Site Name |  Work Experience Site Address  | Work Experience Site Phone  |
| --- | --- | --- |
|       |       |       |

| Work Experience Position Title |
| --- |
|       |

| Work Experience Start and End Date |
| --- |
|       |

|  |  |
| --- | --- |
| Primary Disability:       | Due To:       |
| Secondary Disability:       | Due To:       |
| Additional:       | Due To:       |

Do you need any accommodations and/or assistive technology to assist with your participation in services and/or in achieving your goals? Yes [ ]  No[ ]  Explain

How does your disability(ies) and/or barriers affect your ability to achieve your goals?

While developing this plan, my service provider and I, as well as my family/support network, if applicable, have had opportunity to discuss and assess potential risks associated with my participation in services and pursuit of my goals.  The following potential risks were identified:

|  |  |
| --- | --- |
| Potential Risk:       | Acceptable [ ]  Unacceptable[ ]   |
| If acceptable, actions to be taken to minimize risk including who’s responsible:        |
| Potential Risk:        | Acceptable [ ]  Unacceptable[ ]   |
| If acceptable, actions to be taken to minimize risk including who’s responsible:       |
| Potential Risk:        | Acceptable [ ]  Unacceptable[ ]   |
| If acceptable, actions to be taken to minimize risk including who’s responsible:        |
| Potential Risk:       | Acceptable [ ]  Unacceptable[ ]  |
| If acceptable, actions to be taken to minimize risk including who’s responsible:        |

| **Expected Job Tasks Associated with the work based learning experience.**List each job task in the space below as well as a description of how each will be addressed during the summer work experience. |
| --- |
| 1.       |
| 2.       |
| 3.       |
| 4.       |
| 5.       |
| 6.       |

| **Expected soft skill competencies associates with the work based learning experience.**In the space below each soft skill heading, describe how each competency listed below will be addressed during the summer work experience. |
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| #1 *Communication:* Demonstration and use of effective verbal, aural (listening), non-verbal, written, and visual communication skills in the work place. |
|       |
| #2 *Enthusiasm and Attitude:* Demonstrates a positive attitude toward work regardless of the work-related task being performed. |
|       |
| #3 *Teamwork:* Demonstrates the ability to work with other people by: working cooperatively, contributing ideas, engaging in effective two-way communication, taking responsibility for oneself, respecting other’s thoughts and opinions, and participate in group decision-making. |
|       |
| #4 *Networking:* Demonstrates the ability to develop workplace relationships that can be asset for potential future employment. Demonstrates the ability to talk with family and friends about his or her job goals, interests, and dreams. |
|       |
| #5 *Problem Solving & Critical Thinking:* Demonstrates the ability to recognize and identify problems as they arise. Demonstrates the ability to take initiative to either resolve the problem independently or when needed identify the appropriate individual (i.e. supervisors/co-worker) to assist. |
|       |
| #6 *Professionalism:* Demonstrates the ability to take responsibility for ones actions. Demonstrates high levels of integrity, honesty, and work standards. Demonstrates the ability to dress appropriately and be clean and neat in appearance. |
|       |

Have workplace policies, which include required safety training been reviewed and discussed with the participant?

Yes [ ]  No [ ]

Have transportation plans been discussed and agreed to?

Yes [ ]  No [ ]

I (and my family/support team if applicable) was/were actively involved in service planning meetings, choosing services and developing this Service Plan. I understand that I am responsible, along with those supporting me, for implementing activities described in my Service Plan. I (and my family/support team if applicable) agree with participating in the activities as defined and understand my plan can be reviewed, modified and updated with my team as needed.

| Signature of Person Served | Date |
| --- | --- |

| Signature of Parent/Guardian | Date |
| --- | --- |

| Signature of CRP Staff Person | Date |
| --- | --- |