|  | DIVISION OF VOCATIONAL REHABILITATION (DVR)  Contractor:  **Work-Based Learning Report** | | |
| --- | --- | --- | --- |
| REPORTING PERIOD  to  EXAMPLE: XX-XX-XXXX to XX-XX-XXXX | | TOTAL NUMBER OF STUDENTS SERVED THIS PERIOD | |
| **Work-based Learning Experiences** | | | |
| STUDENT’S NAME    LAST FIRST M | | STUDENT DATE OF BIRTH    MO (XX) DAY (XX) YEAR (XXXX) | |
| TRAINING SITE | | TRAINING SITE PHYSICAL ADDRESS | |
| TRAINING SITE PHONE NUMBER | | HOURS WORKED THIS PERIOD | POSITION HELD |
|  | | | |
| STUDENT’S NAME OR IDENTIFIER    LAST FIRST M | | STUDENT DATE OF BIRTH    MO (XX) DAY (XX) YEAR (XXXX) | |
| TRAINING SITE | | TRAINING SITE PHYSICAL ADDRESS | |
| TRAINING SITE PHONE NUMBER | | HOURS WORKED THIS PERIOD | POSITION HELD |
|  | | | |
| STUDENT’S NAME OR IDENTIFIER    LAST FIRST M | | STUDENT DATE OF BIRTH    MO (XX) DAY (XX) YEAR (XXXX) | |
| TRAINING SITE | | TRAINING SITE PHYSICAL ADDRESS | |
| TRAINING SITE PHONE NUMBER | | HOURS WORKED THIS PERIOD | POSITION HELD |
|  | | | |
| STUDENT’S NAME OR IDENTIFIER    LAST FIRST M | | STUDENT DATE OF BIRTH    MO (XX) DAY (XX) YEAR (XXXX) | |
| TRAINING SITE | | TRAINING SITE PHYSICAL ADDRESS | |
| TRAINING SITE PHONE NUMBER | | HOURS WORKED THIS PERIOD | POSITION HELD |
|  | | | |
| STUDENT’S NAME OR IDENTIFIER    LAST FIRST M | | STUDENT DATE OF BIRTH    MO (XX) DAY (XX) YEAR (XXXX) | |
| TRAINING SITE | | TRAINING SITE PHYSICAL ADDRESS | |
| TRAINING SITE PHONE NUMBER | | HOURS WORKED THIS PERIOD | POSITION HELD |
|  | | | |
| Invoice attached:  Yes  No | | | |