WORK-BASED LEARNING ACTIVITY
DATA SHEET

Complete this form for every WBL activity. The information will be used for reporting purposes and to demonstrate the effectiveness of business/education partnerships.

Teacher/Period or Grade _____ Date _____

School _____

1. Type of activity

Guest Speaker	Field Trip	Job Shadow
Internship/Clinical	Service Learning	Apprenticeship
Career Fair/Seminar		

Other _____

2. Name of speaker or business contact, (title)

Company _____

Address _____
Phone _____ FAX _____

E-mail _____

3. CTE Pathway:

Agricultural	Family & Consumer Sciences
Business	Health Science
Marketing	Skilled & Technical Sciences
Skilled & Technical Sciences	Information Technology

4. Number of Students _____

5. Purpose of Activity _____

_____

6. Additional Comments/Notes:

7. Return to _____