

# U LEAD Work Experience Learning Plan



Participant Name

Counselor Name

Work Experience Start Date

Est. Work Experience End Date

Work Experience Site

Work Experience Supervisor

What work readiness skill (i.e. punctuality, initiative, record keeping, problem solving, etc.) do you hope to obtain/improve from this work experience?

Why did you choose this work experience site? What do you hope to learn about the work of this business/organization/agency?