



WIOA ACADEMIC AND OCCUPATIONAL SKILLS FORM

Job Title _____ Participant Name _____
 Work Site _____ Supervisor _____
 Address _____ Email _____
 _____ Telephone _____

Description of work to be performed:

Describe what academic and occupational skills and knowledge the participant will gain related to work to be performed:

Describe any training, supportive services, or other benefits provided by the work site for similarly employed:

Describe any training or supportive services required for the participant before or during the work experience by the Career Planner:

Describe any environmental restraints which would limit the availability of such work (seasonal constraints, weather conditions, etc.):

| | |
|----------------------------------|-------------|
| _____ | _____ |
| <i>Site Supervisor Signature</i> | <i>Date</i> |
| _____ | _____ |
| <i>Career Planner Signature</i> | <i>Date</i> |
| _____ | _____ |
| <i>Participant Signature</i> | <i>Date</i> |

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