



State of Illinois
Department of Human Services/Division of Rehabilitation Services
TRAINING AGREEMENT / WORK SITE FORM

SCHOOL YEAR 2010-2011

Student's Name _____ DHS/ORS Case # _____

Employer _____ Work Site Supervisor _____

Address _____ Phone: _____

Job Title _____

Job duties student trainee will learn at training site: _____

Beginning Date: _____ Ending Date: _____

Student trainee's work schedule: _____ A.M. / P.M.

_____ A.M. / P.M.

_____ Flexible Schedule

SCHEDULE OF WAGES: (Check One)

_____ **STIPEND** (\$6/Day - **NOT** to exceed **66** days, or **\$399** per calendar year, Jan- Dec.)

_____ **EMPLOYER PAID** at \$ _____ per hour for _____ hours/week (approximate)

_____ **OTHER Explanation** _____

Student trainee placed on this job site will be evaluated at the end of each school grading period. Regular, periodic visits to the work site will be made by the school coordinator at the rate of _____ visits per week / month (circle one).

| | | | |
|--------------------------|----------------------|--|----------------------|
| _____ Employer | _____ Date | _____ Pre-Vocational Coordinator | _____ Date |
|--------------------------|----------------------|--|----------------------|

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|---|------|
| S.T.E.P. Liaison Counselor/Tran. Specialist | Date |
| 9/15/08 | |