



A.T.P Work Experience Contract

Student: _____

Job Site: _____

Business Contact Person: _____

Phone: _____ Email: _____

Preferred Communication: phone email text face to face

A.T.P. Job Coach: Yes or No Name of Job Coach: _____

Preferred Days of the Week: Monday Tuesday Wednesday Thursday Friday
am

Preferred Hours: am _____ pm _____

A.T.P. Student/ Staff Dress Code: _____

Job Site Policies/ Restrictions: _____

A.T.P. Contact Person /Case Manager: _____

Phone: _____ Email: _____

Student Work Goals:

1. _____

2. _____

3. _____

one copy to case manager

second copy to job site