



# **LOWER DAUPHIN SCHOOL DISTRICT**

**LOWER DAUPHIN HIGH SCHOOL**

**201 S. Hanover St.**

**Hummelstown, PA 17036**

**(717) 566-5330 Ext. 2030**

**Fax: (717) 566-3970**

**Work Experience Coordinator: Karee Robinson**

**Email: [krobinson@ldsd.org](mailto:krobinson@ldsd.org)**

## **WORK EXPERIENCE TRANSITION PROGRAM 2019-2020**

**Lower Dauphin High School  
201 South Hanover Street  
Hummelstown, PA 17036**

**Work Experience Coordinator: Karee Robinson Phone: 566-5330 Ex: 2030  
E-mail: [krobinson@ldsd.org](mailto:krobinson@ldsd.org)**

**Student** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_ **Work Permit #** \_\_\_\_\_

**Student email** \_\_\_\_\_

**Parent(s)** \_\_\_\_\_

**Parent email** \_\_\_\_\_

**Business** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Best time to call** \_\_\_\_\_

**Supervisor's work email** \_\_\_\_\_

**Student's work hours** \_\_\_\_\_

**\*15 hours required during the school week (Monday through Friday)**

**COMPETENCIES TO BE DEVELOPED**

(Please list the competencies the student is to learn on the job)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

*This memorandum is for the purpose of outlining the agreement between the school and employer on the conditions of training to be given to the student while on the job. We, the undersigned, agree to the conditions and statements in this agreement.*

*Student* \_\_\_\_\_ *Date* \_\_\_\_\_

*Employer* \_\_\_\_\_ *Date* \_\_\_\_\_

*Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

*Teacher* \_\_\_\_\_ *Date* \_\_\_\_\_