



**Monroe County Community School Corporation  
Work Based Learning (WBL)  
Reflection and Verification Form**

*This form must be completed in its entirety*

Student Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Name: \_\_\_\_\_

Month/Year Hired: \_\_\_\_\_

Month/Year Exited or list as *Still Employed*: \_\_\_\_\_

**❖ Student Section**

1. Explain how your work experience has allowed you to demonstrate employability skills.

2. Explain the lessons you have learned from this work experience.



❖ **Employer Section:**

**General Comments:**

Is/Was the student in good standing as an employee?      Yes      No

Company/Corporation Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company E-Mail Address: \_\_\_\_\_

**Select One:**

I do recommend that the above named student be awarded completion status in meeting Indiana's employability skills benchmark based on my evaluation of their work-based learning experience and through regular interactions with this student.

I do NOT recommend that the above named student be awarded completion status in meeting Indiana's employability skills benchmark based on my evaluation of their work-based learning experience and through regular interactions with this student.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_