T-STEM Work-Based Learning Experiences

T-STEM Blueprint Products Monitoring Aide: Benchmark Product 3.d and Benchmark Product 5.c

* Required

1. Partner Organization *

________________________________________________________________________

2. Title of Individual Partner *

________________________________________________________________________

3. Date or Date Range of WBL Experience *

________________________________________________________________________

4. Partner Role(s) in Providing WBL Experiences *

   Check all that apply.

   □ Resources for teachers and students
   □ Guest Speaker or Virtual Connection with Classroom and Students
   □ Authentic Learning - PBL Expert Panel member
   □ Student Mentor
   □ Teacher Mentor
   □ Student Job Shadow
   □ Student Internships
   □ Teacher Externships
   □ Club or Competition Sponsor
   □ Club or Competition Mentor
   □ Other: ____________________________________________________________

5. Grade Levels Participating in WBL *

   Check all that apply.

   □ 6th
   □ 7th
   □ 8th
   □ 9th
   □ 10th
   □ 11th
   □ 12th
6. **Total Number of Students Expected to Participate in WBL Experience. Please only enter a number.** *

7. **Total Number of Teachers Expected to Participate in WBL Experience. Please only enter a number.** *