



Department of Education

John R. Kasich, Governor
Paolo DeMaria, Superintendent of Public Instruction

Ohio Department of Education Career Based Intervention Programs 2016-2018 **WECEP Accident Report**

Any accident/injury sustained by a WECEP student while performing their work-based learning activity is to be reported to ODE IMMEDIATELY. A WECEP student is one who is 14 or 15 years of age and in a paid work-based experience. The Career Based Intervention student must be in WECEP at the time of the accident to be required to submit this form.

**SUBMIT A SEPARATE FORM FOR EACH INCIDENT OF A WECEP STUDENT
ACCIDENT/INJURY.**

1. Number of students participating in a paid work-based experience _____

2. Number of students participating in a non-paid work-based experience _____

3. Number of students reported as being in WECEP on EMIS _____

4. Provide the following information concerning the injured WECEP student:

Teacher Name _____

Home Telephone (_____) _____

School Building _____

School Telephone (_____) _____

School District _____

Student's Name _____

Place of Employment Employer's telephone (_____) _____

Date of injury _____

Address of business _____

5. Was an accident report submitted or filed? ____ If so, to whom? _____

Description of student's job duties _____

6. Provide a detailed narrative of the accident circumstances and physical surroundings:

7. Was the WECEP student working in a job that required a variance? _____

8. Accident/injury? _____

If so, was a variance form submitted and approved for this job duty at the time of the accident/injury?

When submitting this form include a copy of:

- The WECEP variance form
- The student's training plan and training agreement

Teacher's Signature _____

Date _____

Send completed form and supplemental documentation to:

Ohio Department of Education
Office of Career-Technical and Adult Education
Career Based Intervention
Program Specialist
25 South Front Street, MS 609
Columbus, Ohio 43215-4183
614-466-3430