

**Workforce Credential Program Verification Sheet**

**Badge 2: Workplace Safety**

This form is for district use and not to be submitted to the Florida Department of Education.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ FLEID: \_\_\_\_\_

School: \_\_\_\_\_ District (if applicable): \_\_\_\_\_

**To be eligible for a workforce credential badge, a student must be a student with a disability eligible under the Individuals with Disabilities Education Act and meet all of the following conditions:**

- Be enrolled in the Career Experiences: 9-12 course (#7980120); and
- Have a current individual educational plan (IEP) that includes transition goals.

**Instructions:**

The badge must be validated by two instructional staff members who are certified in Exceptional Student Education (ESE) K-12.

**Reviewer 1** – Complete the student demographic fields at the top of this fillable form. In the chart below, input information into the Examples of Documented Evidence column; each component is required. Initial under the Reviewer 1 column for each requirement met and complete the information on page 3.

**Reviewer 2** – Initial under the Reviewer 2 column for each requirement met and complete the information on page 3.

Criteria for Eligibility	Documented Evidence	Reviewer 1	Reviewer 2
<b>Be enrolled in Career Experiences: 9-12 course (#7980120)</b>	Course Schedule with Career Experience enrollment date:  Or Transcripts Attached		
<b>IEP transition goals aligned with the badges</b>	Exceptionality:  Initiation/Duration Date:  Transition goals aligned with the badge: Yes/No		

<b>Badge 2</b> <b>Workplace Safety</b>	<b>Examples of Documented Evidence</b> <b>*Sample evidence only; acceptable evidence is not limited to this list.</b>	<b>Reviewer 1</b>	<b>Reviewer 2</b>
<b>Skill 1</b> Describe how to assess and control risks.	<ul style="list-style-type: none"> <li>• Completed risk identification worksheet for a classroom or simulated worksite</li> <li>• Student explanation (written or oral) of hazard controls observed during an activity</li> <li>• Teacher observation notes documenting student identification of risks and controls</li> </ul>		
<b>Skill 2</b> Describe personal and jobsite safety rules and regulations that maintain safe and healthy work environments.	<ul style="list-style-type: none"> <li>• Safety rules checklist completed and reviewed with the student</li> <li>• Student summary of workplace safety rules aligned to a specific job setting</li> <li>• Teacher-documented discussion or assessment on safety rules and expectations</li> </ul>		
<b>Skill 3</b> Describe the procedure for identifying, dealing with, or reporting a hazard.	<ul style="list-style-type: none"> <li>• Completed hazard reporting scenario worksheet created by the teacher</li> <li>• Teacher checklist of student role-play demonstrating appropriate hazard reporting steps</li> <li>• Teacher observation notes verifying understanding of reporting procedures</li> </ul>		
<b>Skill 4</b> Properly don and remove personal protective equipment (PPE).	<ul style="list-style-type: none"> <li>• Teacher observation checklist verifying correct use of PPE</li> <li>• Student demonstration of donning and removing PPE</li> <li>• Photo or video documentation with teacher verification</li> </ul>		
<b>Skill 5</b> Demonstrate how to keep the work area tidy and properly store equipment.	<ul style="list-style-type: none"> <li>• Teacher observation notes during classroom or work-based activity</li> <li>• Student-completed workspace organization checklist</li> <li>• Visual evidence of proper equipment storage verified by teacher</li> </ul>		

**Reviewer 1:**

**I validate that this student has met all requirements to receive Badge 2: Workplace Safety.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Florida Certificate Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reviewer 2:**

**I validate that this student has met all requirements to receive Badge 2: Workplace Safety.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Florida Certificate Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Badge 2: Workplace Safety Earned: Yes \_\_\_\_ No \_\_\_\_ Date: \_\_\_\_\_**