**Outline of Information for F-1, STEM Optional Practical Training Plan (***See DHS/ICE Form I-983 -* [*https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf*](https://www.ice.gov/sites/default/files/documents/Document/2016/I-983.pdf))

STEM OPT Resource Page: <https://studyinthestates.dhs.gov/stem-opt-hub>

Student Resource Page: <https://studyinthestates.dhs.gov/students-and-the-form-i-983>

Employer Resource Page: <https://studyinthestates.dhs.gov/employers-and-the-form-i-983>

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| **Section 1** |  |  |
| ***Employee/Student*** | ***Employer*** | ***Comments*** |
| * Name
* E-mail
* Name of School issuing I-20
* Name of School of STEM degree
* School’s SEVIS code
* School’s DSO
* Student’s SEVIS ID No.
* Period of OPT Request
* Major/CIP Code
* Level of STEM Degree
* Date Degree Awarded
* Current or Prior Degree?*)*
* EAD Number (ex. LIN15xxxxxx)
 | None | A substantial portion of this Section’s information is listed on the Employee’s I-20 form, issued by his or her school. |
| **Section 2** |  |  |
| ***Employee/Student*** | ***Employer*** | ***Comments*** |
| * Review and certify statements
 | None | None |
| **Section 3** |  |  |
| ***Employee/Student*** | ***Employer*** | ***Comments*** |
| None | * Employer – Legal Name
* Employer Website address
* Employer Address
* Number of Full-time employees in U.S.
* NAICS code (U.S. Census website: <http://www.census.gov/eos/www/naics/>)
* Hours of training/employment per week: \_\_\_\_\_
* Start date of employment: \_\_\_\_\_\_\_\_\_
* Compensation:
	+ - Salary amount
		- Frequency
		- Other compensation (type and estimated amount or value)
 | STEM OPT requires: a) minimum of 20 hrs per week; b) wage rate commensuratewith terms and conditions applicable tosimilarly situated U.S.workers in the area of employment (*Note: It is advisable to consult w/Legal Counsel about this element*) |
| **Section 4** |  |  |
| ***Employee/Student*** | ***Employer*** | ***Comments*** |
| None | Signature and Title of authorized Employer Official | This person should be knowledgeable about the Training Plan and the person’s employment and maintain copies of signed I-983 Forms. The government can conduct an on-site review to confirm compliance, either *with or without* 48 hrs notice. |
| **Section 5** |  |  |
| ***Employee/Student*** | ***Employer*** | ***Comments*** |
| * *Student Role* – What is direct relationship between degree and role with Employer?
* *Goals & Objectives*
* *Employer Oversight*
* *Measures & Assessments*
 | * Employer Site Address
* Employer Official’s: name, title, phone and e-mail
* *Student Role*
* *Goals & Objectives* - a) What are Student/Employee’s goals? b) What specific knowledge, skills, or techniques should the person learn by the end of the STEM OPT period? c) How will the person learn these things (ex. working on group projects, handling assignments under supervision, etc.)?
* *Employer Oversight* – a) Who will oversee and supervise the person? b) How will the person be supervised (ex. daily interaction, one-on-one project meetings, group project meetings, quarterly reviews, etc.)? c) If there is an established training/internship plan, provide information regarding same.
* *Measures & Assessments* – a) How will employer measure and confirm goals are being met (ex. periodic reviews, regular feedback during performance of duties, third-party testing or certification, etc.)? b) If an established training/internship plan exists, provide information regarding same.
 | Note: DHS/ICE expects that both parties are involved in creation and compliance with Training Plan requirements |
| **Section 6** |  |  |
| ***Employee/Student*** | ***Employer*** | ***Comments*** |
| None | Signature and Title of authorized Employer Official |  |