EDUCATIONAL TRAINING PLAN

Job Title: ___________________________________________  Program Area: ___________________________________________

Student Name: ___________________________________________  School: ___________________________________________

Type of Work-Based Learning Placement: ___________________________________________

Employing Company Name: ___________________________________________

Employing Company Address: ___________________________________________

Employing Company Supervisor/Mentor: ___________________________________________

Supervisor/Mentor Contact Numbers:  Phone: __________  Cell: __________  Fax: __________

Occupational Goal: ___________________________________________

Completed Coursework Related to Placement: ___________________________________________

Enter the date that the student reaches the following level of competency:

1 = Very little or no skill; Needs close supervision to perform this task.
2 = Moderately competent; some knowledge, but requires some supervision to perform this task.
3 = Proficient; Can perform this task with little or no supervision.

Student competency on all tasks should start at level 1 or 2 and be documented as 3 by the end of the experience.

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List any potential health/safety conditions related to this specific work assignment (Indicate NONE if no such conditions have been identified):

Special requirements expected of the student.

Student Signature  Date  Supervisor Signature  Date

Teacher/Coordinator Signature  Date  Parent Signature  Date

NOTES:

Attach school district Non-Discrimination Statement to this document