

# 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.

	1	2	3
<b>Task 1 –</b>			
<b>Task 2 –</b>			
<b>Task 3 –</b>			
<b>Task 4 –</b>			
<b>Task 5 –</b>			
<b>Task 6 –</b>			

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: