



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
Task 1 –			
Task 2 –			
Task 3 –			
Task 4 –			
Task 5 –			
Task 6 –			

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:

The Wyoming Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator | Title VI Coordinator | ADA/504 Coordinator
307-777-7675, wde-nondiscriminationassistance@wyo.gov

For further information on notice of non-discrimination,
Denver Office, Office for Civil Rights
U.S. Department of Education
Cesar E. Chavez Memorial Building
1244 Speer Boulevard, Suite 310
Denver, CO 80204-3582

Telephone: 303-844-5695
FAX: 303-844-4303; TDD: 800-877-8339
Email: OCR.Denver@ed.gov

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