

WORK-BASED EDUCATION PROGRAMS TRAINING PLAN

Form OO

Pupil and Employer Information

Pupil : _____
 In-District Placement: Yes No
 Employing Company: _____
 Job Title _____
 Supervisor _____

Phone : _____
 Teacher: _____
 Phone : _____
 Phone: _____

Career Pathway(s): _____

Assigned Job Tasks and Training Activities

NOTE: For unpaid learners, new specific skills (two or more) which are progressive in nature must be listed for each 45-hour placement.

Job Tasks/Training Activities	Completion Code*			Current Related Instruction
	C	PC	NC	

* Completion Codes: C = Completed PC = Partially Completed NC = Not Completed

Date(s) of safety instruction: _____
 For employer, school and student learner's responsibilities, see training agreement and/or in-school placement application/approval form.

Attestations

We, the undersigned, attest that the above information is accurate and true.

Pupil	Date
Parent	Date
Supervisor (Teacher or Employer)	Date
Certified Coordinator	Date
Principal	Date