**Work Based Learning Training Plan**

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| **Student Name** | |  | | |
| **Work Based Learning Position** | |  | | |
| **Employer/Host** | |  | | |
| **Supervisor Title** | |  | | |
| **E-mail** |  | | **Phone Number** |  |

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| Type of Work Based Learning Experience  *(Please choose one)* | * Apprenticeship * Cooperative Education * Internship * School Based Enterprise * Service Learning | |
| Career Cluster | * Agriculture, Food and Natural Resources * Architecture and Construction * Arts, A/V Technology and Communications * Business and Marketing * Education and Training * Health Science | * Hospitality and Human Services * Information Technology * Manufacturing * Public Safety * STEM * Transportation |
| Course sequence of related classes taken  *(Please List all related coursework to WBL position)* |  | |
| Continuing Education  Goals | * Business and Industry Training Program * Two year college * Four year college * Branch of the military * Apprenticeship * Employment * Other | |
| Continuing Education Goals=  *Specific Information* | When:    Where:    Program: | |

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| **Content Standards** | | | |
| The student completes the following portion of the content standards based training plan in collaboration with the mentor and teacher. Each standard should be related to the content of the chosen career pathway. Standards from related course frameworks in the chosen career pathway can be utilized. For each standard, please list methods to develop the skill at the work based learning site along with how the mentor and teacher will assess the skill. Mentors and teachers need to initial to approve. | | | |
| Standard#1 |  | | |
| What can I do at the host site to develop this skill?  1.  2. | | How will the standard be assessed by the mentor? | Mentor’s Initials |
| How will the standard be assessed by the teacher? | Teacher’s Initials |
| Standard#2 |  | | |
| What can I do at the host site to develop this skill?  1.  2. | | How will the standard be assessed by the mentor? | Mentor’s Initials |
| How will the standard be assessed by the teacher? | Teacher’s Initials |
| Standard#3 |  | | |
| What can I do at the host site to develop this skill?  1.  2. | | How will the standard be assessed by the mentor? | Mentor’s Initials |
| How will the standard be assessed by the teacher? | Teacher’s Initials |
| Standard#4 |  | | |
| What can I do at the host site to develop this skill?  1.  2. | | How will the standard be assessed by the mentor? | Mentor’s Initials |
| How will the standard be assessed by the teacher? | Teacher’s Initials |
| Standard#5 |  | | |
| What can I do at the host site to develop this skill?  1.  2. | | How will the standard be assessed by the mentor? | Mentor’s Initials |
| How will the standard be assessed by the teacher? | Teacher’s Initials |

**Hazardous Equipment**

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| **Equipment** | **Use or purpose of equipment** |
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**Required Signatures**

Student Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_