



Training Plan for High School Programs

A training plan details who, what, when, where and why of a student’s on-the-job training experience. The training plan is an educational plan and, as such, the student receives recognition and school credit(s) for performance in carrying out the plan. The plan outlines training activities that the student will learn to perform while on the job.

The following principles should be considered in the development and use of a training plan:

1. The plan is individualized with the student’s career objective or career interest as its basis.
2. The school, student and employer work as a team to prepare the training plan, which identifies the activities to be performed by the student learner.
3. Safety instruction should be a training activity for each student. Training activities for a student exposed to hazardous occupations must show evidence of planned on-the-job safety instruction.
4. A training plan must be modified during the training experience when conditions warrant.
5. The school and employer agree on the approximate time needed by the student to complete a training activity.
6. The school and employer cooperatively evaluate student performance of each training activity.
7. The school bases program planning, training site visitations and related instructional activities on the training plan.
8. As a working document, the training plan allows the employer and school to evaluate the student’s on-the-job placement.

To be completed by student/school:

Student Learner _____ Telephone _____ E-Mail _____
 Birth Date _____ Age _____
 Parent/Guardian _____ Telephone _____ E-Mail _____
 Name of School _____
 Name of School Designee _____
 Title of School Designee _____
 Work Permit No. _____ (If student is under 18, a copy of the work permit must be submitted to the Commonwealth at the time of job offer.)
 Classification of Instructional Program (CIP – optional) _____
 Student Program Title _____
 Student Career Objective _____

To be completed by employer:

Training Agency _____
 Training Supervisor _____ Telephone _____ E-Mail _____

Signatures:

Student Learner _____ Date _____
 Parent/Guardian _____ Date _____
 School Designee _____ Date _____
 Training Supervisor _____ Date _____

Competencies or tasks to be developed (List the competencies the student is to learn on-the-job.)

If information provided extends capabilities of text box, please provide additional documentation in a separate file.

Learning activities (Briefly describe what the student will do to master the competencies listed above.)

If information provided extends capabilities of text box, please provide additional documentation in a separate file.