STUDENT TRAINING PLAN

School Year: _____ District: _____

Student: _____ Phone: _____

Employer: _____

Supervisor: _____

Placement Aligns with Student's EDP ☐

Placement Aligns with Student's Transition Plan ☐

Training shall not be more than a total of 45 hours per specific training experience

Job Duties/Training Activities	Completion Code		
	C	PC	NC

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

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

_____ _____

Pupil Date

_____ _____

Parent/Guardian Date

_____ _____

Worksite Supervisor

_____ _____

Principal Date

_____ _____

Teacher Date