TRAINING PLAN FOR COOPERATIVE EDUCATION

Student Learner _____Telephone _____E-mail _____
Training Agency (Employer)_____Telephone _____E-mail _____
Training Supervisor _____Telephone _____E-mail _____
Parent/Guardian _____Telephone _____E-mail _____
Signatures:
Cooperative Education Teacher-Coordinator _____Date _____
Training Supervisor _____ Date _____
Student Learner _____Date _____
Parent/Guardian _____ Date _____

Educational Program:
Student Program Title: _____ Classification of Instructional Program (CIP): _____
Student Career Objective: _____

		Performance Evaluation **Training Supervisor Completes This Section**			
Approximate Time	**Training Activity** (Include Safety Factors)	**Date Completed**	**Acceptable**	**Non-acceptable**	**General Comments**

_____
Student Learner Signature Date

_____
Employer Signature Date