

Training Plan for Cooperative Education

Student Learner _____

Phone _____

E-Mail _____

Training Supervisor _____

Training Site Name _____

Phone _____

E-Mail _____

Parent/Guardian _____

Phone _____

E-Mail _____

Educational Program Title: _____

Classification of Instructional Program (CIP): _____

Student Career Objective: _____

Competencies

(List the competencies the student is to learn on-the-job)

Learning Activities:

(Briefly describe what the student will do to master the competencies listed)

Signatures:

Student Learner _____ Date _____

Training Supervisor _____ Date _____

Parent/Guardian _____ Date _____

Cooperative Education Coordinator _____ Date _____

Employer/Training sites and schools of cooperative education students shall not discriminate in educational programs, activities, or employment practices based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws including Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.