

## Training Plan for Cooperative Education

### Educational Program

Program Title: «Program» Classification of Instructional Program (CIP): «CIP\_Code»

Student Learner Career Objective: «Program»

Student Learner: «First\_Name» «Student\_Last\_Name» Telephone: «Main\_Phone» Email: «Student\_EM»

Parent/Guardian: «ParentGuardian» Telephone: «Alt\_Phone» Email: «Parent\_EM»

Training Agency: «Employer» Address «Address1», «City1», «State1» «Zipcode1»

Training Supervisor: «First\_Name1» «Supervisor\_Last\_Name» Telephone: «Phone\_» Email: «Email»

### Signatures

Cooperative Education: \_\_\_\_\_ Date: \_\_\_\_\_

Training Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student Learner: \_\_\_\_\_ Date: \_\_\_\_\_

### Competencies to be Developed

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

1. See Attached \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_

### Learning Activities

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

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