

Program Year: _____

Work-Based Training Plan

Participant Name: _____ Name of Worksite: _____

Worksite Address: _____ Worksite Phone Number: _____

Supervisor's Name: _____

Placement Information

Type of Placement (check one): Work Experience Internship Transitional Job Paid Unpaid

Job Title: _____ Training Start Date: _____

(Attach a complete job description to this training plan) Training End Date: _____

Total WBL Hours: _____

Proposed Schedule (cannot exceed 30 hours per week for youth in school):

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start Time							
End Time							

Total Paid Hours per Day: _____ **Total WBL Hours per Week:** _____ **Starting Wage (if paid):** _____

Training Plan

Please list any hard or soft skills that will be emphasized during the work-based training activity.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Participant Responsibilities

1. Develop an individual service strategy (ISS) or Individual Employment Plan (IEP) with a career coach, based on an evaluation of the educational goal and work-related goals. The ISS/IEP should directly correlate with the provided work-based learning opportunity.
 2. Dress appropriately for my assigned worksite and diligently perform all work activities to the best of their ability.
 3. Report the actual hours worked on the provided timesheet (overtime, holiday pay, or sick time cannot be authorized or accrued).
 4. Communicate with supervisor and career coach/job developer regarding site process, problems, tardiness, absences, or anytime away from the work site.
 5. Notify career coach/job developer immediately if there are concerns regarding the work-based learning placement. If there are problems that are unable to be resolved with the supervisor, contact the career coach/job developer immediately.
 6. Secure reliable transportation to and from the worksite, including child care, when applicable.
 7. Report any personal work accidents or injuries to the worksite supervisor and the career coach/job developer.
 8. Complete a work readiness evaluation before and after the work-based learning training to determine mastery levels upon completion.
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The authorizing signature below certifies that the work-based learning training plan for the participant will conform to all Federal, State and Local laws and regulations, including those that prohibit discrimination against any applicant or employee because of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status or disability.

Participant Signature

Date

Parent Signature (for youth under 18 years old)

Date

Career Coach/Job Developer Signature

Date

Authorizing Signature

Date