

SUSQUEHANNATOWNSHIP HIGH SCHOOL WORK STUDY /COOPERATIVE EDUCATION TRAINING PLAN

1. STUDENT NAME
2. TRAINING SITE / POSITION
3. NAME OF SUPERVISOR AND/OR CONTACT PERSON
PHONE NUMBER
E-MAIL ADDRESS
4. IDENTIFY SPECIFIC TRAINING EXPERIENCE OBJECTIVES (What should the student learn and accomplish during the work/internship experience?)

5. LIST SPECIFIC DUTIES AND RESPONSIBILITIES OF THE POSITION

6. IDENTIFY SPECIAL SKILLS AND/OR TRAINING NEEDED (Explain any on-site training or prior skills needed to complete the above tasks.)

_____ Student-Learner	_____ Date	_____ Parent or Guardian	_____ Date
_____ Training Supervisor	_____ Date	_____ Cooperative Education Coordinator	_____ Date