

**ELIZABETHTOWN AREA HIGH SCHOOL
COOPERATIVE EDUCATION TRAINING PLAN**

STUDENT NAME _____

TRAINING AGENCY _____

MENTOR NAME _____

Student Career Goal _____

Cooperative Education Program Goal (what you hope to gain through this course)

LEARNING OBJECTIVES

Learning Objective List several goals, duties and responsibilities that the student will be working toward	Approximate length of time that the student will be working on the goal (can be ongoing)	Date Started	Date Completed
Safety Training (mandatory):			

DO NOT SIGN BELOW DOTTED LINE UNTIL MID-TERM

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Date _____ Student Signature _____ Mentor Signature _____

Date _____ Student Signature _____ Mentor Signature _____

Date _____ Student Signature _____ Mentor Signature _____

Date _____ Student Signature _____ Mentor Signature _____