



# NJ Structured Learning Experience (SLE) Student Training Plan

For All SLEs - Paid/Unpaid Internships, Volunteer, Community Service,  
Service Learning and School-Based Enterprise

Student Name:

Career Cluster®:

District/School:

SLE Start Date:

Business/Agency:

SLE End Date:

[Workplace Experience SCED code:](#)

General description of SLE:

In addition to safety training provided by the school, the SLE student must receive:

Business/Agency's New Employee orientation training

Business/Agency's New Employee safety and health training

Tools, equipment, and personal protective equipment orientation, if applicable, to be used as part of the SLE

**Note:** All learning objectives must align to [New Jersey Student Learning Standards](#) (NJSLS). (Please attach additional pages, as necessary, for each objective.)

## Worksite Safety and Health Practices

**Learning Objective:** Worksite safety and health (S&H) practices – ([OSHA standards](#), [Career Ready Practices \(CRP\)](#) and [Standard 9.3 Career and Technical Education](#))

Standard addressed:	Activities that will support the standard:	How will attainment be assessed:	Met/Unmet:

## Career Interests/Planning Goals

**Learning Objective:** Career interests/planning goals – ([NJSLS](#), [Career Ready Practices \(CRP\)](#) and [Standard 9.2 Career Awareness, Exploration, and Preparation](#))

Standard addressed:	Activities that will support the standard:	How will attainment be assessed:	Met/Unmet:

## Occupational/Technical Learning

**Learning Objective:** Occupational/technical learning – ([NJSLs](#), [Career Ready Practices \(CRP\)](#) and [Standard 9.3 Career and Technical Education](#) and other recognized Industry Standards)

Standard addressed:	Activities that will support the standard:	How will attainment be assessed:	Met/Unmet:

We understand that the SLE and worksite are consistent with “*Guidelines for Vocational Education Programs for Eliminating Discrimination and Denial of Services on the Basis of Race, Color, National Origin, Sex and Disability*,” as well as with federal requirements of nondiscrimination in education programs or activities receiving federal financial assistance. *34 C.F.R. §104.4, §106.38 (a)(b), and §100.3 (c)*.

We have reviewed and are in agreement with the description, learning objectives, activities, and assessments, and assignment of grade and course credit of this school-sponsored SLE. We agree to complete all paperwork and maintain all documentation required for this SLE. The SLE Coordinator and the Worksite Mentor agree to conduct regular monitoring of this SLE everyday that the student reports to the worksite. The student agrees to uphold his/her responsibilities in compliance with this training plan.

**Signature of SLE Coordinator**

Print Name

Date

**Signature of Worksite Mentor**

Print Name

Date

**Signature of SLE Student**

Print Name

Date

**Signature of Parent/Guardian**

Print Name

Date

**Signature of School Admin. (Optional)**

Print Name

Date

If applicable, the following person,

(Name of person)

has been trained by a district nurse in

the emergency of epinephrine administration for

(Name of student)

**Attach this completed form to the Business/Agency Agreement for your respective SLE and the Employment Certificate (Working Papers).**