

DETROIT PUBLIC SCHOOLS

School Year: 2010 - 11

Date Training Plan Written: _____

TRAINING PLAN FOR WORK-BASED LEARNING

Student/Learner Information (*Note: This training plan MUST be attached to the student's training agreement. When attached, no additional signatures are necessary.*)

Last Name: _____ First Name: _____ Middle Initial: _____

Education Development Plan, Placement and Related Academic Course Verification

1. Existence of EDP Verified (check one)

- Yes
 No

2. The above pupil's career/education goals as outlined in their education development plan (EDP) must relate to the placement as detailed on the training agreement.

Education/Career Goal(s): _____

3. Type of Placement (check one)

Non-CTE Program/Concurrent or Previously Enrolled Related High School Academic Course:

State-Approved CTE Program/ Concurrent or Previously Enrolled Related State-Approved CTE Program: _____

4. Certification of Verification

Name of Certificated Teacher: _____ *

Signature of Certificated Teacher: _____ *

**For a student in a state-approved CTE program, the above verification must be made by a vocationally-certificated teacher or coordinator.*

Performance Elements (Specific Job Skills To Be Learned)

Note: For state-approved career and technical education programs, the training plan must be developed from the related OCTP performance elements as posted on the attached link:

http://www.michigan.gov/mdcd/0,1607,7-122-1680_2629_2733-145785--,00.html

• If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed for each 45 hours of placement.

