

SAMPLE
Training Plan for Cooperative Education

Student Learner _____ Telephone _____ E-Mail _____
 Training Agency _____ Telephone _____ E-Mail _____
 Training Supervisor _____ Telephone _____ E-Mail _____
 Parent/Guardian _____ Telephone _____ E-Mail _____
 Signatures: Cooperative Education Teacher-Coordinator _____ Date _____
 Training Supervisor _____ Date _____
 Student Learner _____ Date _____
 Parent/Guardian _____ Date _____

Educational Program:

Student Program Title: _____ Classification of Instructional Program (CIP): _____
 Student Career Objective: _____

Approximate Time	Training Activities (Include Safety Factors)	Performance Evaluation			General Comments
		Date Completed	Acceptable	Non-acceptable	

Student Learner

Date

Employer

Date

Employer/Training sites and schools of cooperative education students shall not discriminate in educational programs, activities, or employment practices based on race, color, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership or any other legally protected classification. Announcement of this policy is in accordance with state and federal laws including Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.