### WORK-BASED LEARNING (WBL)

### TRAINING PLAN

### The WBL training plan documents the necessary components of a successful WBL experience.

**PLACEMENT INFORMATION**

Enter information about the participating student, the work-based learning coordinator, the employer/mentor and details about the WBL experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student | |  | SRHS Counselor’s Office | | | |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Contact Phone 208-684-3061 | | | |
| Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | |
| Grade Level \_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | |
| School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | |
| Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | |
| Type of WBL Experience | | | | | | |
| Paid | Unpaid | | | Wages per hour\_\_\_\_\_\_\_\_\_\_  Total hours  70 or more (1 credit)  140 or more (2 credits)  Attach log of hours or paycheck stubs to verify hours worked. | |  |
| Employer/Mentor | |  | Placement | | | |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | |
|  | |  |  | |
| Work Description | | | | | | |
| Provide an overall description of responsibilities, tasks, and/or projects that comprise the WBL experience and where/how these will occur (on-site; remote; virtual; school-based enterprise; community-based projects; or employer-led digital projects) understanding that flexibility may be needed, depending on the circumstances. | | | | | | |
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**STUDENT BACKGROUND**

Enter information about the participating student’s background which will assist employer(s)/mentor(s) in planning experiences, providing support, and offering feedback.

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| Related Instruction |
| Describe any related instructional topics which are provided concurrent with the WBL experience. |
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| Career Goal |
| Briefly describe the current long-term career goal(s) of the student. |
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| Skills and Talents |
| List the student’s specific skills and/or talents, such as technology applications or language skills. |
|  |
| Accommodations |
| List any disability under section 504 of the U.S. Rehabilitation Act, an Individualized Education Plan (IEP), or English Language Learner (ELL) status which can be shared with the public and might require accommodation and should be noted to the employer/mentor. |
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**PERSONAL OBJECTIVES**

This section of the plan is an opportunity for students to express WHY they are participating in a WBL experience. Students should complete this section thinking about personal objectives in terms of academic enrichment, career development, and personal development.

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| Academic Enrichment |
| In what ways will these experiences enable you to enrich and apply academic skills (English, mathematics, science) to your life now and in the future (post-secondary training/education and workplace)? |
|  |
| Career Development |
| How will these experiences help move you closer toward your career goals? |
|  |
| Personal Development (Employability, Interpersonal, Work Habits) |
| How will these experiences provide opportunities for you to improve your personal skills? |
|  |

**WBL EVALUATION FORM – WORK-RELATED skills/Technical Skills**

Employer/mentor should use this form to evaluate the student on the demonstration of the following skills developed as a result of the WBL experience.

|  |  |
| --- | --- |
| Student Name | ACHIEVEMENT LEVEL  NA - Not Applicable - was not developed or observed in this experience  1 - Beginning - lowest level of performance, minimal achievement  2 - Developing - making effort to improve but not at desired level  3 - Proficient - meets the desired level of competence  4 - Exemplary - exceeds the desired level of competence |
| Employer/Mentor Name |
| Location |
| Hours Completed |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Work-Related Skills/Technical Skills | Achievement Level | | | | | Comments *(responsibilities, tasks, and/or projects)* |
| **N/A** | **1** | **2** | **3** | **4** |
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| **We acknowledge that we have reviewed the completed evaluation forms assessing both the work-related skills and the technical skills.** | | |
| Student Signature |  | Date |
| WBL Coordinator Signature |  | Date |
| Employer/Mentor Signature |  | Date |
| Parent Signature |  | Date |