
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

Name _____
Age _____
Grade Level _____
School _____
Contact Email _____

SRHS COUNSELOR'S OFFICE

Contact Phone 208-684-3061

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

Name _____
Organization _____
Contact Phone _____
Contact Email _____
Address _____

PLACEMENT

Location _____
Start Date _____
End Date _____

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.

Snake River High School

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