SANTA CLARA COUNTY REGIONAL OCCUPATIONAL PROGRAM - SOUTH

TRAINING PLAN

Student Name: _____

Student Address: _____ Telephone: _____

Home School: _____ Instructor: _____

Name of Training Site: _____ Supervisor: _____

Address of Training Site: _____ Telephone: _____

This training plan indicates what the student is expected to learn during his/her training site hours and should be completed by the instructor and training site supervisor. The site supervisor should indicate student's mastery of specific skills.

COMPETENCIES TO BE ACQUIRED	DATE OF MASTERY	SIGN OFF BY SUPERVISOR