



# Placement Training Plan

Federal and state law, as well as the State Plan of Career Technical Education, requires that training plans be on file with the employer.

Plan Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Program: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Trainee's Job Title: \_\_\_\_\_

Trainee's Job Description/Duties: \_\_\_\_\_

Please list training goals or competencies from *Ohio Competency Analysis Profile (OCAP)* or *Ohio Technical Content Standards* to be achieved during the training period. This form will be updated as needed.

COMPETENCY/JOB TASKS	SAFETY TASKS
	Instructor has reviewed general safety procedures.
	Instructor has requested employer to review safety procedures at the job site.

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Student Learner

\_\_\_\_\_  
Parent/Guardian