

# Leon County Schools

## Cooperative Education - Student Training Plan

Student Name: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer E-mail: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Student's Job Description: (include specific and general tasks)**

**Employer Commitment: (instructional objectives)**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher/Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*The training plan must list the student's job description with specific and general tasks. A copy is filed with the school, a copy is kept by the employer at the training site, and the parent may receive a copy. A copy must be kept by the school district for three (3) years.*