

	School Year:	
Date Training	Plan Written:	

	dent/Learner Information (Note: 'en attached, no additional signatu		UST be attached to the s	tudent's training agreement.			
Last Name:j		First Name:	Middle Initia	l:			
Edı	Education Development Plan, Placement and Related Academic Course Verification						
1.	Existence of EDP Verified (check one)						
	□Yes □No						
2. rela	2. The above pupil's career/education goals as outlined in their education development plan (EDP) must relate to the placement as detailed on the training agreement.						
Edu	Education/Career Goal(s):						
	# <u>-</u>						
3.	Type of Placement (check one	e)					
	Non-CTE Program/Concurrent	or Previously Enrolle	ed Related High School	Academic Course:			
	State-Approved CTE Program/	Concurrent or Previo	ously Enrolled Related S	rate-Approved CTE Program:			
4.	Certification of Verification						
Nar	ne of Certificated Teacher:			ķ			
Sig	nature of Certificated Teacher: _			*			
	or a student in a state-approved Cled teacher or coordinator.	ΓE program, the above	ve verification must be n	nade by a vocationally-certifi-			
Per	formance Elements (Specific Job	Skills To Be Learned	1)				
	Note: For state-approved car developed from the related O						

• If this is an unpaid work-based learning experience, specific, unduplicated skills that the pupil will be learning need to be listed for each 45 hours of placement.

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Following are the performance elements/job skills that contribute to the pupil's progress toward a career objective (attach additional pages as necessary). These performance elements/job skills will be used to assess/evaluate the pupil's progress.					