

**CAPE MAY COUNTY TECHNICAL HIGH SCHOOL
WORK BASED LEARNING STUDENT TRAINING PLAN**

Student Name		Business/Agency Name	
CTE Program	CIP Code	Career Cluster	SCED Code
Type of WBL Experience		Start Date	End Date
General Description of Work Based Learning Experience			
In addition to safety training provided by the school, the student must receive the following worksite training:			
<input checked="" type="checkbox"/> Business/Agency's New Employee orientation training <input checked="" type="checkbox"/> Business/Agency's New Employee safety and health training <input checked="" type="checkbox"/> Training on any tools, equipment, and personal protective equipment to be used by student			
Learning Objective: Worksite Safety and Health Practices (OSHA Standards, NJSLs, 9.3 CTE Standards)			
Standard addressed	Activities that will support standard	Assessment Method	Met/Unmet
Learning Objective: Career Interests/Planning Goals (NJSLs, 9.2 Career Standards, 9.3 CTE Standards)			
Standard addressed	Activities that will support standard	Assessment Method	Met/Unmet
Learning Objective: Occupational/Technical Learning (NJSLs, 9.2 Career Standards, 9.3 CTE Standards)			
Standard addressed	Activities that will support standard	Assessment Method	Met/Unmet

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We understand that the WBL experience and worksite are consistent with “Guidelines for Vocational Education Programs for Eliminating Discrimination and Denial of Services on the Basis of Race, Color, National Origin, Sex and Disability,” as well as with federal requirements of nondiscrimination in education programs or activities receiving federal financial assistance. 34 C.F.R. §104.4, §106.38 (a)(b), and §100.3 (c).

We have reviewed and are in agreement with the description, learning objectives, activities, and assessments, and assignment of grade and course credit of this school-sponsored CEE. We agree to complete all paperwork and maintain all documentation required for this CEE. The CEE Coordinator and the Worksite Mentor agree to conduct regular monitoring of this CEE every tenth day that the student reports to the worksite. The student agrees to uphold his/her responsibilities in compliance with this training plan.

Signature of WBL Coordinator	Print Name	Date
Signature of Worksite Supervisor	Print Name	Date
Signature of WBL Student	Print Name	Date
Signature of Parent/Guardian	Print Name	Date
Signature of School Administrator	Print Name	Date

If applicable, the person listed below has been trained by a district nurse to serve as a health delegate for the WBL student when reporting to the WBL location.		
Signature of Health Delegate	Print Name	Date
Signature of Nurse	Print Name	Date

For additional information regarding this student training plan or the work based learning program, please contact Cape May Technical High School’s Work Based Learning & Cooperative Education Coordinator, John Longinetti, via telephone at (609) 380 - 0200 extension 267 or via email at jlonginetti@capemaytech.com.