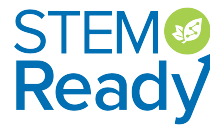


**STEM Ready
TRAINING PLAN**



Worksite: _____ **Worksite Start Date:** _____

Participant Last Name: _____ **First Name:** _____

Supervisor Name: _____ **Title:** _____

Phone#: _____ **Email:** _____

Position Title: _____ **Hourly Wage Rate:** _____

Position Number (assigned by CSNCFL): _____

Work Schedule					
	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					
Total Hours					

Training Plan: Describe the training goals of the internship. May include soft skills.

Training Plan Goals:	Status and evaluation: (initial when completed with date and comments)
1.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
2.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
3.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
4.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
5.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
6.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
7.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
8.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
9.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
10.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
11.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started
12.	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not started

Worksite Training Conclusion Date: _____

My signature below indicates that I have read, understand and will adhere to the requirements outlined here and that failure to adhere to these requirements may lead to termination of the placement.

Participant Signature **Date**

Worksite Supervisor Signature **Date**

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