



General Education Work Experience Program (GEWEP) Student Training Plan

Student Name _____ Age ____ Telephone # _____
 Job Title _____
 School Coordinator _____ Telephone # _____
 School _____
 Employer _____ Telephone # _____
 Job Supervisor/Mentor _____
 Parent/Guardian _____ Telephone # _____

Job Tasks and Learning Outcomes (to be developed by the student and approved by the school coordinator and employer)

1.
2.
3.
4.
5.

I have read and agree to all of the above conditions (signature required):

Date _____

Student _____

E-mail _____

Parent/Guardian _____

E-mail _____

Employer _____

E-mail _____

GEWEP Coordinator _____

E-mail: _____