



IMPERIAL VALLEY REGIONAL OCCUPATIONAL PROGRAM

Project WORKABILITY

687 State Street
El Centro, CA 92243
(760) 482-2640
jbenito@ivrop.org

INDIVIDUAL TRAINING PLAN

STUDENT _____ EMPLOYER _____

ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____

D.O.B. _____ SOCIAL SECURITY # _____ - _____ - _____

WORKABILITY SITE COORDINATOR _____

PHONE # _____

The above named student is to be enrolled in the WorkAbility project, a State Department of Education sponsored work experience program, where a training stipend is paid by the Imperial Valley Regional Occupational Program, who serves as the employer.

In order to participate in this program, the student, WorkAbility (WA) Site Coordinator, employer and WA Technician must develop an Individual Training Plan that outlines the responsibilities and expectations of those parties involved.

STUDENT VOCATIONAL ASSESSMENT INFORMATION

CLASS PLACEMENT FRESH. SOPH. JR. SR. (CHECK ONE)

VOCATIONAL CLASSES PREVIOUSLY COMPLETED _____

VOCATIONAL CLASSES CURRENTLY ENROLLED _____

VOCATIONAL INTEREST SURVEY (CHECK THREE HIGHEST JOB CLUSTERS)

- | | |
|---|--|
| <input type="checkbox"/> BUSINESS/OFFICE | <input type="checkbox"/> ENVIRONMENTAL CONTROL |
| <input type="checkbox"/> MARKETING/DISTRIBUTION | <input type="checkbox"/> PUBLIC SERVICES |
| <input type="checkbox"/> COMMUNICATION/DATA | <input type="checkbox"/> HEALTH OCCUPATIONS |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> HOSPITALITY/RECREATION |
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> PERSONAL SERVICES |
| <input type="checkbox"/> TRANSPORTATIO | <input type="checkbox"/> FINE ARTS/HUMANITIES |
| <input type="checkbox"/> AG. BUSINESS/NATURAL RESOURCES | <input type="checkbox"/> CONSUMER/HOME ECONOMICS |
| <input type="checkbox"/> MARINE SCIENCE | |

PREVIOUS WORK EXPERIENCE _____

LONG RANGE STUDENT VOCATIONAL GOAL(S) _____

TRAINING PLAN DATE

NUMBER OF HOURS STUDENT IS TO WORK: _____, DAY WEEK (CHECK ONE)

LOCATION OF STUDENT WORK _____

TYPE OF WORK _____ DOT # _____

SPECIAL SKILLS (SUBJECTS) TO BE TAUGHT AT THE WORK SITE:

(A) _____

(B) _____

(C) _____

WORK RELATED CLASSROOM INSTRUCTION: (EX., BASIC MATH, INTER-PERSONAL RELATIONS, PUNCTUALITY, DRESS, HYGIENE, SPECIFIC WORK SKILLS, ETC.)

(1) _____ TEACHER _____

(2) _____ TEACHER _____

(3) _____ TEACHER _____

(4) _____ TEACHER _____

LENGTH OF TIME EXPECTED FOR TRAINING _____

STUDENT PLACEMENT DATA

STUDENT BEGINS EMPLOYMENT: _____

BEGINNING STIPEND TRAINING: _____ AN HOUR

DATE OF PROGRESS MEETINGS: _____, _____, _____

WorkAbility Site Coordinator will contact employers for progress reports once every two weeks (or as needed); a “Progress Report” will be filed with the Imperial County WorkAbility Program Technician on a as needed basis.

The signature below indicates agreement with this Individual Training Plan.

STUDENT DATE

PARENT DATE

WORKABILITY TECH. DATE

WA SITE COORDINATOR DATE

WORK SITE EMPLOYER DATE