



Kingston High School
Work-Based Learning Program
 403 Broadway
 Kingston, NY 12401
 (845) 331-1970
 kingstoncityschools.org



Dr. Alissa Oliveto
 Assistant Director of MST
Tina Dierna, LMSW
 Internship Coordinator

(845) 943-3018
aoliveto@kingstoncityschools.org
 (845) 943-3813
tmcgary@kingstoncityschools.org

STUDENT TRAINING PLAN

Student Name:	Email:	
Student's Address:	Telephone:	Date of Birth:
Job Title:	Working Papers Certificate #.	
SCHOOL COORDINATOR:		Phone Number:
		Fax:
		Email:
EMPLOYER:	Phone Number: (____) _____ - _____	
	Fax: (____) _____ - _____	
	Email: _____	
IMMEDIATE JOB SUPERVISOR:	Phone Number: (____) _____ - _____	
(please specify if individual is different from above)	Fax: (____) _____ - _____	
	Email: _____	
Corporate Address:		

Insurance Coverage:
 Student is a paid employee - Worker's Compensation
 Student is a non-paid intern – Worker's Compensation
 Student is shadowing- covered under schools general liability

Transportation Provided by:
 Student will drive in personal vehicle
 Parent will transport student
 City Bus Student walking

GOALS FOR THIS WORK-BASED LEARNING STUDENT:

1. To experience the career field of _____
2. To explore and master the skills necessary for this career.
3. To develop the 21st Century workplace skills necessary for success in the global, competitive world.
4. To be trained in the safe operations of this career.
5. To be able to demonstrate positive behavior and appropriate dress for this career.

Job Tasks and Learning Outcomes Determined by the employer and coordinator.	# of Training Weeks	Achievement Level and Comments 1. Mastered skill 2. Needs more Training at the work site. 3. Needs more training at school. 4. Has not reached this training area.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SAFETY TRAINING	DATES OF SAFETY TRAINING	ACHIEVEMENT LEVEL and COMMENTS 1. Mastered safety-training instruction. 2. Needs more safety training at work site. 3. Needs more safety training at school. 4. Has not reached this training area.
1. Safety precautions related to stairs, floors, office equipment and furniture.		
2. Safety precaution related to proper dress apparel, shoes, gloves, head, eye and ear protection.		
3. Safety precaution related to use of tools, machines, and chemicals.		
4. Safety precautions related to fire, weather and other natural disasters.		
5. Safety precautions related to sexual harassment and workplace violence.		

DATED	PERSON	PRINT NAME	SIGNATURE
	Employer		
	Internship Coordinator		
	Parent/Guardian		
	Student		