



Off-campus Education Student Learning Plan

Student's Name: _____ Job Title: _____

School: _____ Date: _____

School Phone/Fax: _____ School Coordinator: _____

1. Prerequisites | What skills & attitudes do you expect the student to bring to the workplace?

_____	_____
_____	_____
_____	_____

2. Job Description | What should the student know and be able to do at the end of the work experience?

_____	_____
_____	_____
_____	_____

3. Do you offer any of the following |

<input type="checkbox"/> Orientation	<input type="checkbox"/> Certifications	Other (please state)
<input type="checkbox"/> Safety Training	<input type="checkbox"/> PPE	_____

4. Performance will be assessed by |

<input type="checkbox"/> Consultation	<input type="checkbox"/> On-site Tests	Other (please state)
<input type="checkbox"/> Observation	<input type="checkbox"/> Demonstration	_____

5. Comments |

Employer Name: _____ Employer Signature: _____

Company Name: _____ Phone: _____