This month, your Employer Evaluation will be your <u>Educational Training Plan</u>. This is SPECIFIC TO YOU, so you will need to get it from your Work-Based Learning Coordinator.

The Educational Training Plan will look similar to the format below. Your mentor should mark how well you're doing in each category with a check mark. Then YOU and YOUR MENTOR and YOUR PARENT should sign and date the form. Return it to your WBL Coordinator by the monthly due date.

	Task 11	- Troubleshoot pr	oblems involving office equi	oment.		
	such as	computer hardwa	re and software.		(Indicate NO	IF if no such
	List any potent conditions have	ial health/safety c e been identified):	onditions related to this spe	cific work assignmen	(Indicate NO	NE If no such
					$\gamma_{A}/\!\!/\!\!/$	
	Special require	ements expected	4	$\langle \cdot \rangle /$	11/11/	10-27 15
	~~~~~	Signature	10/20(15) Date	Supervisor Signal	de III	Date
	old William	orginatoro	Date	Zopy non yight	7-///	10-27-65
				Parent Signatur	e	Date
Educational Traini	ng Plan					
Job Title: Office Assistant			-			
Career Pathway: Entrepreneurship						
	West Hall High School		-			
Type of Work-based Learning Placement: YAP	•					
Employing Company Name: Sean Childers State Farm						
Employing Company Address: 4977 Lanier Islands Parkway						
Student Job Supervisor: Sean Childers - Phone: 678-541-2979	Cell: n/a					
Student Job Mentor: Sean Childers - Phone: 678-541-2979	Cell: n/a					
Occupational Goal: Insurance						
Completed Coursework Related to Placement:			_			
			-			
			-			
Enter the date that the student reaches the following level of compe	etency:					
	,					
1 = Very little or no skill; Needs close supervision to perform this tax	sk.					
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