

## NJ Structured Learning Experience (SLE) Student Training Plan

For All Cooperative Education Experiences (CEEs) – Hazardous & Non-Hazardous Occupations

Student Name:		Career Cluster®:	
District/School:		CEE Start Date:	
Business/Agency:		CEE End Date:	
CIP Code:	CTE program:	Workplace Experience SCED code:	
General description of CE	E:		
In addition to safety tra	nining provided by the school, the CEE stude	nt must receive:	
Business/Ager	ncy's New Employee orientation training		
Business/Ager	ncy's New Employee safety and health trainir	ng	
Tools, equipme	nt, and personal protective equipment orientatio	on, if applicable, to be used as part of the CEE	
Note: All learning object	tives must align to <u>New Jersey Student Learn</u>	ing Standards (NJSLS). (Please attach add	itional pages,
as necessary, for each o	bjective.)		
Worksite Safewane			
	orksite safety and health (S&H) practices – ( <u>O</u>	SHA standards, Career Ready Practices (C	RP)_and
Standard 9.3 Career and	Activities that will support the standard:	How will attainment be assessed:	Met/Unmet:
Standard addressed.	Activities that will support the standard.	now will accument be assessed.	weey omnee.
Career Interests/Plan	ming Goals		
Learning Objective: Car	reer interests/planning goals – ( <u>NJSLS, Caree</u>	r Ready Practices (CRP) and Standard 9.2	Career
Awareness, Exploration		:	
Standard addressed:	Activities that will support the standard:	How will attainment be assessed:	Met/Unmet:
ē			

Occupational/Tech	nical Learning		
The state of the s		, <u>Career Ready Practices (CRP)</u> and <u>Star</u>	idard 9.3 Career and Technical
Standard addressed:	ognized Industry Standards)  Activities that will support the sta	ındard: How will attainment be	e assessed: Met/Unmet
		nt with "Guidelines for Vocational Ec e Basis of Race, Color, National Origi	
with federal requirem		cation programs or activities receiving	
assignment of grade a documentation require	and course credit of this school-sp red for this CEE. The CEE Coordina h day that the student reports to	ription, learning objectives, activitie consored CEE. We agree to complete ator and the Worksite Mentor agree the worksite. The student agrees to	e all paperwork and maintain all eto conduct regular monitoring
Signature of CEE Coo	rdinator	Print Name	Date
Signature of Worksit	e Mentor	Print Name	Date
Signature of CEE Stud	dent	Print Name	Date
Signature of Parent/	Guardian	Print Name	Date
Signature of School A	Admin. (Optional)	Print Name	Date
If applicable, the follo	owing person,(Nam	e of person) has beer	n trained by a district nurse in
the emergency of ep	inephrine administration for	(Name of student)	·

Attach this completed form to the Business/Agency Agreement for your respective CEE and the Employment Certificate (Working Papers).