TRAINING PLAN FOR BCIT CO-OP WORK TERM

**Centre for Workplace Education**

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|  |  |
| --- | --- |
| Student Name | Work Term Date |
| Employer (Company) | Supervisor |
| **IDENTIFY TRAINING OBJECTIVES** |
| **Employer**To meet the needs of our workplace, we will focus the student training on the following areas: |
| **Student**I have identiﬁed the following areas where I would like to gain work experience during this work term: |

## TRAINING ACTION PLAN

**Employer/Co-op Student/Supervisor**

To meet the needs of the employer and the Co-op student, we have agreed that in the next (period of time) we will focus training in the following major skill areas:

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

The Co-op student will work under the direction of (name of supervisor). Identify the level of supervision required (e.g. close, periodic, at completion of each task).

## COMMUNICATION AND FEEDBACK

Identify strategies to be used for monitoring work and giving/receiving feedback (e.g. daily informal communication, weekly meetings, performance reviews).

|  |  |
| --- | --- |
| **1** |   |
| **2** |  |
| **3** |  |

The above training plan is understood and agreed upon. It is understood that demonstrating solid competencies in these areas and adhering to all safety standards is needed before undertaking additional training and/or responsibilities.

|  |  |
| --- | --- |
| Supervisor Signature  | Date |
| Student Signature | Date |