



# TRAINING PLAN FOR BCIT CO-OP WORK TERM

Centre for Workplace Education

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Building NW5-101

**CLEAR FORM**

**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved.

Student Name	Work Term Date
Employer (Company)	Supervisor

## IDENTIFY TRAINING OBJECTIVES

### Employer

To meet the needs of our shop, 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.

Employer Signature	Date
Supervisor Signature (if different from Employer)	Date
Student Signature	Date