

WORKSITE LEARNING

Learning Plan

Clark County Skills Center

Student's Name: _____

Learning Worksite: _____ Learning Worksite Supervisor: _____

Learning Objective(s): The following learning objective(s) describe the major task(s) the student is assigned to learn and perform as part of this internship experience. The student's development of skills and proficiency on these task(s) will be evaluated by the Learning Worksite Supervisor.

1 = Student having difficulty learning task; 2 = Student learning this task; 3 = Student performing this task adequately;
4 = Student completing this task with minimal supervision; 5 = Student excels at this task

Objective	1 st	2 nd	3 rd	4 th
	Internship hours since start of internship	Internship hours since last visit	Internship hours since last visit	Internship hours since last visit
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
			1 2 3 4 5	1 2 3 4 5

Comments: _____

Worksite Supervisor's Signature

1st Contact
(Date/Initials)

2nd Contact
(Date/Initials)

3rd Contact
(Date/Initials)

4th Contact
(Date/Initials)

Teacher/Coordinator's Signature

1st Contact
(Date/Initials)

2nd Contact
(Date/Initials)

3rd Contact
(Date/Initials)

4th Contact
(Date/Initials)

Student's Signature

1st Contact
(Date/Initials)

2nd Contact
(Date/Initials)

3rd Contact
(Date/Initials)

4th Contact
(Date/Initials)