



Kingston High School
Work-Based Learning Program
 403 Broadway
 Kingston, NY 12401
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 kingstoncityschools.org



Tina Dierna, LMSW
 Transitional Coordinator
 Internship & Career Center Coordinator

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STUDENT TRAINING PLAN

Student Name:	Email:	
Student's Address:	Telephone:	Date of Birth:
Job Title:	Working Papers Certificate #.	
SCHOOL COORDINATOR:	Phone Number:	
	Fax:	
	Email:	
EMPLOYER:	Phone Number:	
	Fax:	
	Email:	
IMMEDIATE JOB SUPERVISOR: (please specify if individual is different from above)	Phone Number:	
	Fax:	
	Email:	
Corporate Address:		

Insurance Coverage:
 Student is a paid employee - Worker's Compensation
 Student is a non-paid intern - covered under schools general liability
 Student is shadowing- covered under schools general liability

Transportation Provided by:
 Student will drive in personal vehicle
 Parent will transport student
 City Bus Student walking

GOALS FOR THIS WORK-BASED LEARNING STUDENT:

1. To experience the career field of _____
2. To explore and master the skills necessary for this career.
3. To develop the 21st Century workplace skills necessary for success in the global, competitive world.
4. To be trained in the safe operations of this career.
5. To be able to demonstrate positive behavior and appropriate dress for this career.

Job Tasks and Learning Outcomes Determined by the employer and coordinator.	# of Training Weeks	Achievement Level and Comments 1. Mastered skill 2. Needs more Training at the work site. 3. Needs more training at school. 4. Has not reached this training area.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

DATED	PERSON	PRINT NAME	SIGNATURE
	Employer		
	Internship Coordinator		
	Student		