# CLASSROOM TRAINING AGREEMENT-OCCUPATIONAL SKILLS

**ORIGINAL ☐ REVISED ☐ EXTENSION ☐**

**IST ☐ OST ☐ PSE ☐ PST ☐ CST ☐**

**NAME:** **SSN:**

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**Training Facility:** **Listed on Eligible Provider's List: Yes No**

**Address:** **Telephone No.:**

**Occupational Goal:** **DOT Code: _____**

**TRAINING PROJECT INFORMATION:**

**Beginning Date: _____** **Ending Date: _____**
**Total Instructional Hours: _____** **Hours Per Week: _____**
**Total Instructional Weeks: _____** **Total Weeks: _____**
**School Closures: _____**

**TRAINING COSTS:**

| | | | |
|---|---|---|---|
| **Tuition** | **$_____** | **Books** | **$_____** |
| **Supplies** | **$_____** | **Materials** | **$_____** |
| **Equipment** | **$_____** | ****Fees:** | **$_____** |
| **Total Training Costs:** | **$_____** | | |

**(**fees: library fees lab fees, I.D. card, parking, etc.,please itemize),**

_____

**WIA TRAINING:**
**Where Classroom Training Agreements are funded by the Workforce Investment Act (WIA), the training institution agrees that all activity pursuant to this Agreement shall be in compliance with the Act (WIA) and all applicable regulations, and South Central Workforce Council policies.**

**The Classroom Training Site shall provide adequate supervision to the participant and shall designate a supervisor and alternate supervisor(s) (listed below):**

**Supervisor: _____**

**CERTIFICATION STATEMENT:**
**This is to certify that this institution will provide the training described in the syllabus and occupational skill description, at the above costs, which are true and accurate, and together with the student has determined that the training is appropriate for the employment goals of the participant and that successful completion of the coursework will provide the participant with entry level proficiency in the subject area.**
**INDEMNIFICATION: In the case of negligence of the contractor and/or the contracting party, any damages allowed shall be levied in proportion to the negligence attributable to each party.**

**Any modifications to this Agreement proposed by the institution must be presented in writing and approved by the contractor prior to implementation.**

_____ _____
**Signature of School/Training Official Date** **Authorized Contractor Representative Date**

_____ _____
**Title** **Title**

**Original: Agency** **Copy: Participant File**

## OCCUPATIONAL SKILLS DESCRIPTION

| SKILL | TRAINING METHOD | EVALUATION METHOD |
|---|---|---|
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