

PROMOTIONAL SKILLS TRAINING PLAN

Employee/Trainee _____ SSN _____ Work Site _____ Occupation/Job Title: _____

Supervisor _____ Counselor _____ Period of Training: / / to / /

SKILL REQUIREMENTS	TRAINING METHOD	MEASUREMENT METHOD	ACHIEVED Y/N

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SKILL REQUIREMENTS	TRAINING METHOD	MEASUREMENT METHOD	ACHIEVED Y/N

The above promotional training plan was developed in conjunction with the participant, the employer and the case manager. The skills detailed are representative of the occupational skills required for advancement and/or promotion.

FINAL EVALUATION:

Did the participant complete the training plan? NO YES
 Did the participant achieve all required skill requirements? NO YES
 Does the participant qualify for a promotion? NO YES

SUPERVISOR'S SIGNATURE: _____ DATE: _____
 PARTICIPANT'S SIGNATURE: _____ DATE: _____
 COUNSELOR'S SIGNATURE: _____ DATE: _____