

**South Central Workforce Council
OCCUPATIONAL SKILLS TRAINING PLAN**

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

Type of Training: _____ Training/Work Site: _____ Supervisor: _____

Period of Training: from / / to / / Total Hours: _____

SKILL REQUIREMENTS	TRAINING METHOD	TIME %	MEASUREMENT METHOD

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The above training plan was developed in conjunction with the participant, the training site and the case manager. The skills detailed are representative of the occupational skills required to qualify for and perform the duties of the occupational goal of the participant. The hours required for skill development were determined based on the needs of the participant in relation to the job requirements.

SUPERVISOR'S SIGNATURE: _____

DATE: _____

PARTICIPANT'S SIGNATURE: _____

DATE: _____

CASE MANAGER'S SIGNATURE: _____

DATE: _____