

School:

Individual Educational Plan for Cooperative Education

Instructor:

Phone:

Student's Name:

Address:

Town:

State: ME Zip:

Parent's Name:

CIP Code:

General Goals for the Student Learner:

Objectives to be completed by the Student Learner:

Skills the Student should acquire during his/her training program:

Safety features the student should know about his/her place of Employment:

1. First Aid Kit.
2. Fire Extinguishers.
3. Fire Door Exits.
4. How to Dial 911.
5. Emergency Phone Numbers.
6. Fire Blanket.
7. Sprinkler System.
8. Miscellaneous Safety Areas.
9. Proper use of all safety devices used on the job.
10. Knowledge of all Personal Protective gear that needs to be worn.
11. Procedures to be followed in an emergency.