## **CTE Internship Training Plan**

| StudentEmployer       |                                 | Position <u>CTE Intern</u> Phone No  |                  |
|-----------------------|---------------------------------|--------------------------------------|------------------|
|                       |                                 |                                      |                  |
| Intern Duties &       | Responsibilities                |                                      | Date<br>Achieved |
|                       |                                 |                                      |                  |
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|                       |                                 |                                      |                  |
| ALL SIGNATORIES AGREE | TO COMPLY WITH THE RESPONSBILIT | TIES SPECIFIED IN THE TRAINING PLAN. |                  |
| Student               | Date                            | Internship Coordinator/Teacher Da    | ate              |
|                       |                                 |                                      |                  |

Copies of the signed training plan must be submitted to the Intern's Teacher/Coordinator and to the Office of Career & Technical Education, Attn: Anne Everly Everly. Elizabeth@brevardschools.org. Student will retain and update this form throughout the internship period.