

**HOUSTON INDEPENDENT SCHOOL DISTRICT
CAREER AND TECHNICAL EDUCATION DEPARTMENT**

**TRAINING PLANS
Work-Based Learning (Practicum or Career Preparation)
(Submit Original and Two Copies)**

SCHOOL: _____ COORDINATOR: _____

PROGRAM: _____ DATE SUBMITTED: _____

**(PLEASE TYPE OR PRINT IN ALPHABETICAL ORDER BY CLASS PERIOD,
INFORMATION FOR ALL STUDENTS ENROLLED IN CAREER PREPARATION or PRACTICUM)**

Student's Name	HISD ID NUMBER	TEA SERVICE CODE	Training Plan Paid/Un-Paid/ No Training Station	Training Plan Submitted			Remarks
				1	2	3	
				1.			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

REMARKS:

Received by: _____

Date Returned: _____