OROVILLE UNION HIGH SCHOOL DISTRICT

Individualized Training Plan

Dates: (from)_____(to)_____ _____ Community Classroom

Student: _____ _____ Cooperative Vocational Ed.

COMPETENCIES	HOURS			INITIAL/DATE
	TOTAL	CLASS	CC/CVE	

Verification that this student has acquired the competencies initialed above by demonstrating a proficiency equivalent to entry-level employment.

_____Final Grade _____Total Hours

_____
Teacher's Signature