

Pebblebrook High School Work-Based Learning Training Plan Information

Name: _____ Business: _____

Job Title: _____ Supervisor: _____

Please list job duties you are currently responsible for as well as those you will be responsible for by the end of the year. This information is required in order to develop your training plan for Work-Based Learning. Thank you!

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____