

## Youth Work In Trades – Training Plan Automotive Service Technician

Please circle the appropriate course designation:      **11A**    **11B**    **12A**    **12B**

Student Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Employer Name: \_\_\_\_\_ School: \_\_\_\_\_

Trade Specific Duties, Tasks:	Will observe	Will perform with assistance	Will perform	N/A
<ul style="list-style-type: none"> <li>Perform routine general auto maintenance:                             <ul style="list-style-type: none"> <li>Lubricants and fluids, belts and hoses, exterior lamps <input type="checkbox"/></li> <li>Tires and wheels <input type="checkbox"/></li> </ul> </li> <li>Understand, inspect, and service the following fundamental systems:                             <ul style="list-style-type: none"> <li>Electrical systems <input type="checkbox"/></li> <li>Brake systems <input type="checkbox"/></li> <li>Steering systems <input type="checkbox"/></li> <li>Suspension systems <input type="checkbox"/></li> <li>Demonstrate welding techniques <input type="checkbox"/></li> </ul> </li> <li>Use reference resources and diagnostic skills <input type="checkbox"/></li> </ul>				

Tools, Equipment, Machinery Used:	Will observe	Will perform with assistance	Will perform	N/A
<ul style="list-style-type: none"> <li>Personal protective equipment <input type="checkbox"/></li> <li>Hand tools <input type="checkbox"/></li> <li>Measuring instruments <input type="checkbox"/></li> <li>Power tools (e.g., electric, pneumatic, hoist) <input type="checkbox"/></li> <li>Diagnostic equipment <input type="checkbox"/></li> </ul>				

Employability Skills Checklist (please check appropriate skills below):		
Fundamental Skills	Personal Management Skills	Teamwork Skills
<input type="checkbox"/> Communicate <input type="checkbox"/> Manage Information <input type="checkbox"/> Use Numbers <input type="checkbox"/> Think & Problem Solve	<input type="checkbox"/> Demonstrate Positive Attitudes & Behaviors <input type="checkbox"/> Be Responsible <input type="checkbox"/> Be Adaptive <input type="checkbox"/> Learn Continuously <input type="checkbox"/> Work Safely	<input type="checkbox"/> Work with Others <input type="checkbox"/> Participate in Projects & Tasks

Student: \_\_\_\_\_  
Print
Signature
Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_  
Print
Signature
Date: \_\_\_\_\_

School TNT Coordinator: \_\_\_\_\_  
Print
Signature
Review Date: \_\_\_\_\_

District TNT Coordinator: \_\_\_\_\_  
Print
Signature
Review Date: \_\_\_\_\_