

Youth Work In Trades – Training Plan Carpentry

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
• Use construction drawing and specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use manufacturer and supplier documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Layout building locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Build footing and foundation wall forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Material handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Build floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Build interior and exterior walls and partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Build roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Build stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tools, Equipment, Machinery Used:	Will observe	Will perform with assistance	Will perform	N/A
• Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hand tools (e.g., hammer, square, nail bar, level, chalk line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Power tools (e.g., circular saw, drill, chop saw, pneumatic nail gun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Levelling instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ Date: _____
Print Signature

Supervisor: _____ Date: _____
Print Signature

School TNT Coordinator: _____ Review Date: _____
Print Signature

District TNT Coordinator: _____ Review Date: _____
Print Signature