

## Youth Work In Trades – Training Plan Glazier

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
• Maintain a safe working environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interpret drawings and specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use metric and imperial measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Handle materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Perform glass cutting and edge treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use caulking and sealants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fabricate and install commercial systems	<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., saws, clamps, caulking gun, mallet, rivet gun, pliers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Power tools (e.g., drills, circular saw, nibbler, grinders, chop saw)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Layout and measuring equipment	<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