

## Youth Work In Trades – Training Plan Heavy Duty Equipment 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>• Understand, inspect and service:                             <ul style="list-style-type: none"> <li>○ Hydraulic systems</li> <li>○ Diesel engines</li> <li>○ Electrical and electronic systems</li> <li>○ Spark ignition systems</li> <li>○ Mechanical diesel fuel systems</li> <li>○ Power train components</li> <li>○ Air systems and/or braking systems</li> </ul> </li> <li>• Heavy duty equipment wheeled/tracked and attachments</li> </ul>	<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
<ul style="list-style-type: none"> <li>• Personal protective equipment</li> <li>• Hand tools</li> <li>• Measuring instruments</li> <li>• Power tools (e.g., electric, pneumatic, hoist)</li> <li>• Diagnostic equipment</li> </ul>	<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: \_\_\_\_\_ Print Signature Date: \_\_\_\_\_

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

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

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