

## Youth Work In Trades – Training Plan

### Professional Cook

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>• Engage in preparation of:               <ul style="list-style-type: none"> <li>○ Vegetables and fruit</li> <li>○ Meats and poultry</li> <li>○ Stocks, soups, and sauces</li> <li>○ Baked goods and desserts</li> <li>○ Eggs and dairy</li> <li>○ Garde manger</li> <li>○ Starches</li> </ul> </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>• Heating devices (e.g., gas and electric grills, deep fryer)</li> <li>• Cutting devices (e.g., knives, meat slicer)</li> <li>• Mixing and measuring devices (e.g., rotary mixer, blenders, scales)</li> <li>• Section and use of pots/pans and other cooking vessels</li> <li>• Storage 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: \_\_\_\_\_