



**FLORIDA DIVISION OF VOCATIONAL REHABILITATION  
ON-THE-JOB TRAINING PLAN**

The following Plan has been developed collaboratively between the Provider, the Customer (Parent/Guardian), and Counselor.

**ON-THE-JOB TRAINING PLAN**

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|---|---|
| <b>Customer Name:</b>   | <b>Customer ID Number:</b>                |
| <b>Referral Date:</b>   | <b>Provider Referral Acceptance Date:</b> |
| <b>IPE Job Goal:</b>  |   |
| <b>Type of OJT Desired:</b>   |   |
| <b>Labor market information related to the job goal and OJT experience: (ONET or Career Plus Index website)</b> |   |
| <b>Anticipated Area(s) of Skill Development:</b>  |   |
| <b>Anticipated Area(s) of Support or Accommodations Required by Customer:</b>                                   |   |
| <b>How Desired OJT Relates to IPE job goal:</b>   |   |
| <b>Types of Businesses to be pursued for the desired OJT:</b>   |   |

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROVIDER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VR COUNSELOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_