



**American Indian Center of Arkansas**

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[www.AICAgO.org](http://www.AICAgO.org)

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM  
TRAINING PLAN**

Participant Name \_\_\_\_\_

Position Title \_\_\_\_\_

Print Supervisor Name \_\_\_\_\_

Supervisor's Signature (type name as signature) \_\_\_\_\_

Print Additional Supervisor Name \_\_\_\_\_

Additional Supervisor's Signature (type name as signature) \_\_\_\_\_

Duties/Tasks to be learned\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRAINING SCHEDULE:**

SUNDAY \_\_\_\_\_  
MONDAY \_\_\_\_\_  
TUESDAY \_\_\_\_\_  
WEDNESDAY \_\_\_\_\_  
THURSDAY \_\_\_\_\_  
FRIDAY \_\_\_\_\_  
SATURDAY \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_ RATE PER HOUR: \_\_\_\_\_

There is no reason, physical or mental, which prevents me from performing the duties and responsibilities required for this position. I have read the TRAINING PLAN, have been given a copy and acknowledge the duties and responsibilities described:

Trainee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WORKSITE AGENCY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

AICA SCSEP Form  
Revised: July 2020 AW

\*To be updated every six (6) months with IEP