Submit to:
Department of Consumer & Business Services
Workers' Compensation Division
350 Winter St. NE
P.O. Box 14480
Salem, Oregon 97309-0405

Training Plan

☐ Check if a limited training plan, OAR 436-120-0511

Date: _____ Worker: _____

Counselor (name, phone): _____ WCD file no.: _____

Vocational rehabilitation organization (name, city): Insurer: _____

Claim no.: _____

Date of injury: _____

1. Vocational objectives:	Standard Occupational Classification/Dictionary of Occupational Titles codes:	Expected weekly return to work wage:

2. Training kinds:	Start date:	Projected end date:	Training facility/employer:

Attach copy of the on-the-job training contract, if applicable.

3. Other services:

Training plan support documentation must include information required by OAR 436-120-0510.

4. Responsibilities of worker and counselor specific to this plan (not listed on the back of this form):

5. I understand my responsibilities under this plan and have received a copy of the plan support and both sides of this form. I understand that the Workers' Compensation Division may review the plan. My signature authorizes the training facility to release grades to my counselor and insurer.

Worker Date

Counselor/intern Date

Cosigner, if applicable Date

Insurer Date

Insurer phone: _____

6. Comments:

For WCD use

☐ In conformance with OAR 436-120

☐ Not in conformance

☐ Revised to conform

☐ Optional

Consultant Date

Consultant Date

Consultant Date

Consultant Date

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Responsibilities under Training Plan (OAR 436-120-0520)

These responsibilities apply to all training plans, including limited training plans. However, some vocational assistance services are excluded from limited training plans. See OAR 436-120-0511.

Worker will do the following:

- Actively participate in all aspects of the plan.
- Maintain regular contact with the counselor throughout plan development and as required in the plan.
- Notify the counselor if problems develop and continue to attend training during attempts to resolve the issue.
- Inform the counselor immediately if anything threatens to interfere with successful completion of the program.
- Notify the counselor by the close of the next working day if the worker stops attending training for any reason.
- Maintain a grade point average of at least 2.0 each grading period in formal training.
- Complete the courses outlined in the curriculum by the plan end date.
- Consult with the counselor before adding or dropping courses.
- Provide a written training report to the counselor by the fifth day of each month.
- Give the counselor a copy of each grade or progress report within 10 days of receipt.
- Meet any responsibilities agreed to in this plan.

Counselor will do the following:

- During plan development, provide resource materials about jobs, training programs (if appropriate), labor markets, and other related information to help the worker select a vocational goal; direct information gathering; and otherwise help the worker analyze and evaluate options.
- Help the worker plan the curriculum and enroll. Contact the worker, trainers, and training facility counselors to the extent necessary to assure the worker's participation and progress.
- Contact the worker on a regular basis.
- Monitor and evaluate the plan at least monthly.
- Contact the worker's trainers and training site counselors, as necessary, to ensure the worker's participation and progress meet the requirements of the rules and are satisfactory to achieve the return-to-work objectives.
- Immediately report potential problems in the program to the insurer, including additional needs of the worker.
- Advise the insurer within one business day of learning of any circumstance indicating a probable or actual interruption in the worker's entitlement to temporary disability benefits.
- Provide job-search skills and job development as necessary.*****
- Meet any responsibilities agreed to in this plan.

Insurer will do the following:

- Approve or disapprove this plan and notify the parties within 14 days of receiving the signed plan.
- Contact the Workers' Compensation Division within five days to schedule a conference if no plan is approved within 90 days of determining the worker is entitled to a training plan.
- Submit the plan and any addenda or amendments to the Workers' Compensation Division.
- Provide four months of direct employment services after the worker completes training.*****
- Provide a minimum of 60 days of return-to-work follow-up to ensure that employment is suitable.*****
- Re-evaluate the plan and modify or replace it when appropriate to assure the worker's success.
- Provide further training if the initial plan is not successful in preparing the worker for suitable employment.
- Meet any responsibilities agreed to in this plan.

Important information to the worker about time-loss benefits

- Time-loss benefits will continue while you are actively engaged in training, up to a maximum (usually 16 months). If your training program has been approved for a longer period of time than time-loss benefits may be paid, the insurer must notify you that the benefits may end before training ends.
- If you do not follow this training plan, your training and time-loss benefits may end.
- When you complete training and are medically stationary, the insurer will determine your benefits.

*****Certain vocational assistance services are excluded from limited training plans. See OAR 436-120-0511.

440-1081 (7/24/DCBS/WCD/WEB)

WCD Workers' Compensation Division
Department of Consumer and Business Services