

## Training Plan - Course of studies: Bachelor of social work at University of Applied Sciences Potsdam (FHP)

name of trainee  
oder  
student number

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start of studies

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field placement

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address

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phone

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e-mail

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name of the agency

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place of use for the trainee

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address

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phone

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e-mail

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name of the supervisor

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phone

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e-mail

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**Short description of the place of use:**

(Please attach detailed information.)

**Description of the learning goals with practical examples**

(such as working tasks)

orientation phase

main phase

(Detailed description of the project or research assignment to be carried by the trainee independently.)

final phase

design of the instruction and learning process

the training plan was developed by

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date / signature instructor

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date / signature trainee

authorized by the University of Applied Sciences Potsdam

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Date / signature – Internship Office of the University of Applied Sciences Potsdam (FHP)