



Name of Student:	
Job Title:	
Company Name:	
Address and Postal Code:	
Supervisor(s):	
Business Telephone Number:	
Cell Phone Number:	
Email:	
Student Duties and Responsibilities	
Please provide a detailed description of the duties this student will be responsible for at this work site – point form is preferable.	
1.	
2.	
3.	
4.	
Student Learning Plan	
Please list the workplace skills, attitudes and knowledge that the student possesses that enabled them to be hired for the job position.	
Workplace Skills (soft and hard skills)	
Attitudes	
Knowledge	

What job training and/or safety training has the student completed to date?

What special training will the student complete in the next ☐ 75, ☐ 125, ☐ 250 hours of work?

What **workplace skills, attitudes and knowledge** do you want the student to develop or improve upon during the next ☐ 75, ☐ 125, ☐ 250 hours of work?

Workplace Skills

Attitudes

Knowledge

Will your business pay?

☐ Regular wage ☐ \$1 per hour ☐ Honorarium ☐ No wage

Other (e.g. tools, gift certificates, merchandise discounts) _____

Note:

1. Inform the off-campus coordinator if the **major job duties change significantly** during the work experience placement.
2. Please provide the student with a one- or two-week work schedule.

Supervisor's Signature:

Date:

Student's Signature:

Date:

Teacher's Signature:

Date: