

| Student Responsibilities and Expectations | |
|---|--|
| Name of Student: | |
| Job Title: | |
| Company Name: | |
| Address and Postal Code: | |
| Supervisor(s): | |
| Telephone Number: | |
| Fax 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 | |
| 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? <input type="checkbox"/> Regular wage <input type="checkbox"/> \$1 per hour <input type="checkbox"/> Honorarium <input type="checkbox"/> 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 <u>the student</u> with a one- or two-week work schedule. | |
| Supervisor's Signature: | Date: |
| Student's Signature: | Date: |
| Teacher's Signature: | Date: |