

**Crescent Heights High School
Work Experience Program**

Date form completed with Employer:

Student Responsibilities & Learning Expectations

This form is to be done by the student. The Workplace Supervisor should assist the student with the completion of the information on the back page.

STUDENT

JOB TITLE

COMPANY NAME

ADDRESS & POSTAL CODE

SUPERVISOR (S)

PHONE #: _____

FAX #: _____

E-MAIL: _____

Student Duties and Responsibilities

The **job description** of exactly what the Job is in as much detail as possible.

1.
2.
3.
4.

Student's Learning Plan

Please list the skills that you possess that enabled you to be hired for their job position. I.e.

What were you good at before you started this position?

Workplace Skills
Attitudes
Knowledge

What specific initial training have you completed in order to do your Job?

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

What **workplace skills, attitudes, and knowledge** will the student develop or improve upon during the next 75 125 250 hours of work?

IE: What is the student going to get better at in the next few Months ?

Workplace Skills
Attitudes
Knowledge

NOTE:

1. Please Inform the Off-campus education coordinator if the student's **major job duties change significantly** during the work experience placement.

Supervisor's Signature: _____

Date: _____

Student Signature: _____

Date: _____

OC Coord Signature: _____

Date: _____

This form should be completed and forwarded to the Off-Campus Education Coordinator as soon as possible after the student enters into the Work Experience Program.

It can be faxed to the school at 403-528-6578, dropped off at the school, or call 527-6641 ext 8250 to have it picked up. Thank you for your cooperation and participation in our schools Off-Campus Education program