



Student Responsibilities and Expectations for Work Experience ____ 15 ____ 25 ____ 35

Student: _____

Job Title: _____

Company Name: _____

Address and Postal Code: _____

Supervisor(s): _____

Telephone Number: _____

Fax Number: _____

Email: _____

Student Duties and Responsibilities

Please give 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 him or her to be hired for the job position.

Workplace Skills
Attitudes
Knowledge



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

[Empty box for job training and/or safety training completed to date]

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

[Three empty boxes for special training to be completed in the next 75, 125, or 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?

- | | |
|---|---------------|
| 1 Regular wage | 4. Honorarium |
| 2 \$1.00 per hour | 5. No wage |
| 3 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: _____