



Student Information:

Student Name: _____ School: _____ Student # _____

Career Program: _____ Teacher: _____

Employer: _____ Phone: _____

Supervisor: _____ Start Date: _____

End Date: _____

Address: _____

Please Note: Student Reflections are required after each NEW placement.

Please check () the Employability Skills that you practiced during your placement.

- | | | |
|---|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Organized Planning |
| <input type="checkbox"/> Use of Numbers | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Willingness to learn | <input type="checkbox"/> Workplace Safety | <input type="checkbox"/> Effective Time Management |

Please describe the type of work done and the tasks/duties preformed:

Please list 3 work-place specific skills, tools or pieces of technology that you used during your placement:

1. _____
2. _____
3. _____

Describe how this experience assisted you with planning for the future:

Student Signature: _____ Date: _____

**Please return all completed forms to your Career Programs Teacher/ Facilitator
Missing forms will result in hours not being credited.**