



Chilliwack  
School District



# Youth Work in Trades 12 A

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**WORK**

IN TRADES



## Student Information

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Work Site Information

Worksite Location (Business Name): \_\_\_\_\_

Worksite Address:  
\_\_\_\_\_  
\_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Worksite Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Worksafe BC (WCB) Number: \_\_\_\_\_

Employer On – Site Safety Orientation Provided:  Yes  No

Estimated Number of Hours to be worked: \_\_\_\_\_

Work Schedule: Hours/Dates must occur in the future:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dates:							

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

My current career plans include the following: \_\_\_\_\_

Educational Plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



List three (3) courses you have taken and describe how they relate to your focus area as indicated on previous page:

- 1. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
- 2. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
- 3. Course: \_\_\_\_\_ Relate: \_\_\_\_\_

Job Title: \_\_\_\_\_

Please list the specific duties/tasks/skills to be performed and developed:

Basic Duties /Tasks/Skills	Observed	Performed with Help	Performed Alone
(Provide skills from the Occupational Analysis Chart. ex: Apply personal safety practices)			
1.			
2.			
3.			

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 |

I understand that it is my responsibility to check in with the WEX Coordinator/ Teacher on a regular basis and complete the course by the required due date.

Student/Parent or Guardian:

Students Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School:

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Employer:

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_



## Student Information:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Student # \_\_\_\_\_  
 Career Program: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Work Dates: \_\_\_\_\_  
 Address: \_\_\_\_\_

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

**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:**

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**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:**

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



It is expected that students will practice and demonstrate the use of Employability skills, a positive work ethic, use of workplace-specific skills and be able to analyze and solve problems on the worksite.

### Employer/Supervisor Feedback:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Dates: \_\_\_\_\_

**NA** Not Applicable **1** Needs Improvement **2** Satisfactory **3** Above Average **4** Excellent

	NA	1	2	3	4
Manages Information - Communication					
Problem Solving & Decision making skills					
A positive attitude towards one's duties					
Demonstrates work ethic including confidentiality, regular attendance, punctuality, honesty, trustworthiness, responsibility, etc.					
A respect for diversity and individual differences					
Ability to work well with others – Team work					
Learns from mistakes and accepts feedback					

What are the student's main strengths? \_\_\_\_\_

What are your recommended areas for improvement & growth for the student?  
\_\_\_\_\_

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

Employer/Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_



Answer each of the following questions in a point form or sentence style.  
Go deep in your thinking here – show growth!

1. Describe the type of business (work) the company/organization does.

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2. Give an overview of your job, tasks, assignments routine duties and anything else you did.

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3. No matter what your job, you should be developing skills. Refer to the list of employability skills needed for any workplace. Check at least four (4) transferable skills that you consider important for the job you were doing.

- |   |  |  |
|---|--|--|
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| <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 |

4. Provide some examples of how you practiced each of the transferrable skills you identified in question #3. How will these skills help you be successful in your future career?

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5. What are some strategies that you could have (or did) use to minimize workplace hazards and meet your workplace safety responsibilities?

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6. Describe an example of a success you experienced on the job site.

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7. What did you learn from this experience? (What did you learn about the job, about working, about yourself? Did you encounter any problems? If so, how did you solve them?)

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8. Identify a new technical or workplace-specific skills that you learned or used? (ie: use of specific tool, computer software, cooking skill, inventory control, etc....)

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9. How has this work experience affected your career plans? (How have your future plans changed – or not changed – as a result of this experience?)

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**Once complete hand in to your Career program Teacher/Coordinator.  
Missing Assignments will result in hours not being credited.**





