



Youth Work in Trades 12 A

ita | YOUTH WORK



Youth Work in Trades Training Plan 12A

Student Information					
Student Name:	H	lome Phone	:		
Student Email:	C	ell Phone: _			
Work Site Information					
Worksite Location (Business Name):					
Worksite Address:					
Worksite Supervisor: Position:					
Worksite Phone Number:	Ei	mail:			
Worksafe BC (WCB) Number:					
Employer On – Site Safety Orientation Provided: Ye	s	No			
Estimated Number of Hours to be worked:					
Work Schedule: Hours/Dates must occur in the future:					
Sun. Mon. Tues. W	/ed.	Thurs.	Fri.	Sat.	
Dates:					
Student Focus Area:Business & Applied BusinessHealth & Human ServicesFine Arts, Design & MediaLiberal Arts & HumanitiesFitness & RecreationScience & Applied Science					
My current career plans include the following:					
Educational Plans:					



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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 An Chart. ex: Apply personal safety practice	•				
1.					
2.					
3.					
Please Check (\checkmark) the Employability Sk	ills that	you practiced	during your p	lacement.	
 Communication Information Management Use of Numbers Willingness to learn I understand that it is my response a regular basis and complete the of Student/Parent or Guardian:	Res Ada Wc		ith the WE	Problem Solv Effective Time Coordinato	anning ing e Management
Students Name (Print):		Sigi	nature:		
Parent Signature:		Dat	e:		
School:					
Contact Name:					
Employer:		Dat	e:		
Contact Name:					



Youth Work in Trades Student Evaluation 12A

Stude	Jent Information: nt Name:		School:		Student #
Laree	r Program:				leacher:
Emplo	yer:				Phone:
	visor: ss:		Work Dates:		
huure					
Stu	dent Focus Area:				
B Fi	usiness & Applied Business ine Arts, Design & Media itness & Recreation		Health & Human Services Liberal Arts & Humanities		Tourism, Hospitality & Food Trades & Technology
			ity Skills that you practic		Other:
i icas			ity skins that you practic	cuu	uning your placement.
-	ommunication		Positive Attitude		Working with Others
	nformation Management lse of Numbers		Responsibility Adaptability		Organized Planning
	Villingness to learn				Problem Solving Effective Time Managemen
				_	_
			done and the tasks/dut	• 	
your 1	placement:		skills, tools or pieces of t		
<u></u>					
3	ribe how this experience	e as	sisted you with planning	for t	he future:
3			···· /·· · · · · · · · · · · · · · · ·		
3					
3					



Youth Work in Trades Employer Feedback 12A

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:_____



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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.

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

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.

Communication

Use of Numbers

- Positive Attitude
- Information Management

Willingness to learn

- Responsibility
- Adaptability
- Workplace Safety
- Working with Others
- Organized Planning
- Problem Solving
- 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?

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

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?)

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....)

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?)

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



Youth Work in Trades Work Based Training Log

Date (s)	Hours	Work Site & Detailed Description of Work Duties
Per pay period ex: Jan 1-15th	40 hrs.	Provide from the Occupational Analysis chart specific details of duties performed on each shift.
TOTAL HOURS:		



WORK-BASED TRAINING HOURS REPORT

ITA Customer Service 800 - 8100 Granville Ave Richmond, BC V6Y 3T6 Tel: 778-328-8700 Fax: 778-328-8701 Toll Free: 1-866-660-6011 customerservice@itabc.ca

SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

A. Apprentice Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

B. Work-Based Training Hours Reporting Period

Ensure exact start an	id end dates are reported	Total number of work-based training hours reported during this period.
Start Date:	(MM/DD/YYYY)	
End Date:	(MM/DD/YYYY)	Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.

C. Employer / Sponsor Approval

Were these hours worked for a previous/alternate employer?	Previous/Alternate Employer Name:
Yes (Employer Name Required) No	

Sponsor Organization Name:	Name of Authorized Sponsor Representative:
Sponsor Organization ID#:	Signature of Authorized Sponsor Representative:

"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."

The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.