

Career Programs – Contact Log

Student Name: _____

Program: _____

Date	Notes



Work Experience Checklist

Application Checklist

Student Name: _____

- Must be 14 years of age
- Submit a resume
- Signed WEX application Requirements Form
- Signed Career Programs Registration form

Items needed to before starting work

- Letter of Intent to Complete Summer Work (optional)
 - WCB Clearance Letter
 - Signed Right to Refuse unsafe work document
 - Safety Assignment #1 Workplace Safety
 - Safety Assignment # 2 Workplace Bullying & Harassment
 - Safety Assignment #3 Occupational First Aid
 - Safety Assignment #4 Young or New Worker Orientation and Training (Optional)
 - Signed WEX placement Agreement
 - Signed Training plan
 - Worksite Inspection Form (Teacher initial visit)
 - Signed Site Safety Checklist
- (*Please also submit copies of any onsite training or certificates)

To be completed during your WEX Placement

- Transition Plan
- Hours Log (submit hours and a quick update to your WEX teacher every 2 weeks)
- Work place photos
 - Photo of student with workplace signage
 - Photo of student working
- Student work term report (turned in by the end of each term)
 - Term 1 Term 2 Term 3 Term 4
- Employer Feedback (turned in by the end of each term)
 - Term 1 Term 2 Term 3 Term 4
- Monitor Report (completed by your teacher and reviewed each term)
 - Term 1 Term 2 Term 3 Term 4
- Student Reflection (**turned in at the end of each worksite placement**)
- *Optional – request a letter of reference from your employer



Letter of Intent to Complete Summer Work

Student Name: _____

I wish to be enrolled in the following course(s) for the upcoming school year:

- WEX 12A - 100 hours work experience
- WEX 12B - 100 hours work experience
- YWT 11A - 120 apprenticeship hours
- YWT 11B - 120 apprenticeship hours
- YWT 12A - 120 apprenticeship hours
- YWT 12B - 120 apprenticeship hours

I plan to begin gaining hours towards my course(s) this summer by:

- Working
- Job Shadowing
- Volunteering

Job Title: _____

Business Name: _____

This job will give me approximately _____ hours or work this summer.

Additional Comments: _____

By signing below you are confirming that you wish to be enrolled in WEX or YWT in the upcoming school year. You intend to work through the summer and finish the remainder of your hours during the upcoming school year. In order for your summer hours to count, you must also complete all course registration forms and safety assignments before beginning work.

Student Signature

Date

Parent Signature

Date

Career Programs Coordinator Signature

Date



Work Experience Application Requirements

Employment/Educational Opportunities

Work experience is designed to prepare students for the transition from Secondary school to the world of work or further training and education. It provides an opportunity for students to connect what they learn in the classroom with the skills and knowledge needed in the workplace and in society in general. Work experience allows students the opportunities to observe and practice the employability skills and attitudes required in the workplace, while exploring possible careers in their chosen focus area. In addition, Work Experience allows students to develop self-reliance, self-direction, and the self-confidence necessary for effective teamwork, life-long learning and workplace success.

Requirements for program admission:

Students must be 14 years of age or older, attending High school and willing to complete 100 hours of Work Experience. Work Experience hours may be paid or unpaid. Job shadowing is considered work experience. Work experience may include 1 placement or many. To qualify students must complete an application package, including parent/guardian signatures. Summer employment counts towards work experience hours, but the application for work experience must be done by June before summer work commences.

Please check off the course you are registering for below:

Course	Credits	Grade	Requirements
<input type="checkbox"/> WEX 12A	4	Grades 9,10,11,12	100 hours of work experience
<input type="checkbox"/> WEX 12B	4	Grades 9,10,11,12	100 hours of work experience

In order for credit to be earned students must complete placement hours, and submit all assignments and forms. Students must complete WEX12A before starting WEX12B.

Student Agreement: By signing below, both student and parent acknowledge an awareness of program requirements as outlined above.

Student Name: _____ Student Signature: _____

I give my son/daughter permission to participate in the Fraser Cascade School District Work Experience Program.

Parent Signature (If student is under 19): _____



Career Programs Registration Form

Name (please print clearly) _____ Current Grade _____

Program Registration Details

<input type="checkbox"/> Work Experience (WEX) <input type="checkbox"/> 12A <input type="checkbox"/> 12B Job Title _____	<input type="checkbox"/> Youth Work in Trades (YWT) <input type="checkbox"/> 11A <input type="checkbox"/> 12A <input type="checkbox"/> 11B <input type="checkbox"/> 12B Trade Name _____						
<input type="checkbox"/> Youth Train in Trades (YTT) <p style="text-align: center;">Postsecondary Institution</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> University of the Fraser Valley</td> <td style="width: 50%; border: none;"><input type="checkbox"/> British Columbia Institute of Technology</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Thompson Rivers University</td> <td style="border: none;"><input type="checkbox"/> Kwantlen Polytechnic University</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Northern Lights College</td> <td style="border: none;"><input type="checkbox"/> Riverside College</td> </tr> </table> Program Name _____ <p style="text-align: center;">*Youth Train in Trades students must also complete an application specific to the Postsecondary provider</p>		<input type="checkbox"/> University of the Fraser Valley	<input type="checkbox"/> British Columbia Institute of Technology	<input type="checkbox"/> Thompson Rivers University	<input type="checkbox"/> Kwantlen Polytechnic University	<input type="checkbox"/> Northern Lights College	<input type="checkbox"/> Riverside College
<input type="checkbox"/> University of the Fraser Valley	<input type="checkbox"/> British Columbia Institute of Technology						
<input type="checkbox"/> Thompson Rivers University	<input type="checkbox"/> Kwantlen Polytechnic University						
<input type="checkbox"/> Northern Lights College	<input type="checkbox"/> Riverside College						

I, _____ do hereby declare that I will:

- Adhere to School District 78 Code of Conduct
- Adhere to my School Code of Conduct
- Adhere to Postsecondary Institutions Code of Conduct (YTT)
- I will maintain regular attendance in all courses.

I am aware that this is a challenging opportunity as I take on coursework above and beyond my regular courses and/or a program designed with graduate students in mind.

 Student Signature

 Parent/Guardian Signature

 Date

 Date

Career Programs Registration Form

Student Information

Legal Last Name:	_____	Legal First Name:	_____
Usual Last Name:	_____	Preferred First Name:	_____
Legal Middle Name(s):	_____		
Birth Date (DD/MM/YYYY):	___/___/_____	S.I.N.#:	_____
Home Phone:	_____	Cell Phone:	_____
Student email (please print clearly):	_____		
High School:	_____	Grade:	_____

Student Address

Street Address:	_____		
Apt No:	_____	PO Box #:	_____
		Postal Code:	_____
City:	_____	Province:	_____

Medical Information

Allergies / Conditions:	_____
Life Threatening Conditions / Medications:	_____
Life Threatening Incident Precautions / Treatments:	_____

Immigration / Citizenship Status: Canadian Citizen International Student

Career Programs Registration Form

Parent/Guardian Information

First Contact

Relationship to Student: _____	
Last Name: _____	First Name: _____
Address (if different than student): _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____

Second Contact

Relationship to Student: _____	
Last Name: _____	First Name: _____
Address (if different than student): _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, SD78 requires consent to use personal information for purposes unrelated to educational programs.

Please sign for each item below, if you authorize disclosure as described.

I consent to my child's name, photograph and comments being published in the school yearbook, school newsletters or brochures, school videos or in a district annual report, calendar or website.

Parent/Guardian Signature _____

I consent to the publication of my child's name, photograph and comments in the news media for purposes related to SD78 Careers Programs.

Parent/Guardian Signature _____



Career Programs Workplace Safety Assignment

Student Name: _____ **Date:** _____ **Score:** /10

Students need to understand the importance of Workplace Safety as it relates to the health and protection of young workers in BC. In order to complete the required Safety assignment, discuss WCB Regulation 3.12 with your Career Programs Teacher, Watch the online program and complete the Workplace Safety Knowledge Test.

Use the below link to access the online program:
Worksafebcmedia.com/rights/course/course1386.html

1. If you believe a work procedure or tool to be unsafe, what must you do?

- a. Refuse to carry out the procedure or use the tool.
- b. Communicate your concerns with your supervisor.
- c. Both (a) and (b)
- d. Either (a) or (b)

2. Which of the following are your responsibilities as a worker?

- a. Correct unsafe conditions or report them to your supervisor
- b. To work without unnecessary risk to yourself or others
- c. To ensure your co-workers are properly trained.
- d. To know how to safely handle hazardous materials you use on the job
- e. All of the above
- f. (a), (b) and (d) only
- g. (a), (c) and (d) only

3. Which of the following topics must be included as part of new worker training and orientation?

- a. Workplace health and safety rules
- b. Specific hazards you may be exposed to in the workplace
- c. Workplace specific personal protective equipment (PPE)
- d. Level 1 First Aid Certification
- e. How to work with any WHMIS products you may be using in the workplace
- f. All of the above
- g. (a), (b), (c) and (d) only
- h. (a), (b), (c) and (e) only

4. Which of the following are considered an employer's rights and responsibilities?

- a. Employers are responsible for ensuring the health and safety of their workers
- b. Employers can expect workers to follow health and safety procedures at all times
- c. Employers can pay employees half their wage during training.
- d. Employers must establish health and safety policies for the workplace
- e. (a), (c) and (d) only
- f. (a), (b) and (d) only

Career Programs

Workplace Safety Assignment

5. Which of the following are considered a supervisor's rights and responsibilities?

- a. Know the Work Safe BC requirements that apply to the work being supervised
- b. Ensure personal protective equipment/clothing is available and maintained
- c. Immediately investigate unsafe conditions reported to them.
- d. All of the above
- e. (a) and (b) only

6. Your employer is required to provide and maintain personal protective equipment (PPE) and ensure that it is used.

- a. True
- b. False

7. Which of the following are general strategies for minimizing the risk of injury due to workplace hazards?

- a. Keep workplace clear and uncluttered
- b. Wear/use appropriate protective equipment
- c. Follow all safety procedures
- d. Ask for assistance when needed
- e. All of the above

8. When is it appropriate to refuse work you feel is unsafe?

- a. After you complete the task
- b. If you believe this work could harm another person.
- c. If you have not yet discussed a hazardous situation with your supervisor/employer
- d. When your co-worker tells to refuse a job and claim it's unsafe.
- e. (b) and (c)

9. Which of the following are consistent with the practice of due diligence?

- a. Take all reasonable precautions to work safely.
- b. Be mindful of your co-workers when completing hazardous tasks.
- c. Work as quickly as possible to impress your employer.
- d. Keep your training records and review your employee evaluations often.
- e. All of the above
- f. (a), (b) and (d) only

10. What are some of the legal consequences for knowingly causing workplace accidents?

- a. Prosecution (court proceedings)
- b. Jail time
- c. Fines
- d. Criminal record
- e. All of the above



Workplace Bullying & Harassment Assignment

Student Name: _____ Date _____ /5

Students need to understand the importance of Workplace Bullying & Harassment Policies as it relates to the health and protection of young workers in BC.

- Discuss OHS Policy D3 – 115-2 Sub section F with your Teacher
- Watch the Power point presentation on Workplace Bullying & Harassment
- Complete the Workplace Safety Bullying & Harassment assignment.

1. If you believe you have been a victim of bullying, what should you do?

- Let your supervisor know about the incident.
- Avoid the urge to give the bully the attention they're looking for.
- Both (a) and (b)
- Either (a) or (b)

2. Which of the following are the responsibility of the employer?

- Create workplace policies around bullying & harassment.
- Develop procedures for reporting bullying in the workplace.
- Train workers and supervisors on bullying & harassment.
- Both (a) and (b)
- All of the above

3. Which of the following are NOT Bullying and Harassment?

- Constructive feedback.
- A difference of opinions
- Legitimate complaints about worker conduct, ex. Being late.
- Both (a) and (c)
- All of the above

4. What are some examples of Workplace Bullying and harassment?

- Spreading rumours
- Personal verbal attacks
- Vandalizing personal belongings.
- Attacks on social media
- Answers (a), (c), and (d)
- All of the above.

5. What can co-workers do to stop workplace bullying and harassment?

- Log the details about what happened during the incident.
- Protect the confidentiality of the person being harassed by not gossiping
- Console the person being harassed and tell them to just ignore it.
- Both (a) and (b)
- Both (a) and (c)
- None of the above



Right to Refuse Unsafe Work

WCB Regulation 3.12: The Right to Refuse Unsafe Work

Procedure for refusal

1. A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.
2. A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.
3. A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and a. ensure that any unsafe condition is remedied without delay, or b. if in his or her opinion the report is not valid, must so inform the person who made the report.
4. If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of
 - a. worker member of the joint committee,
 - b. worker who is selected by a trade union representing the worker, or
 - c. if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.
5. If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

Student Signature

Print Name

Date



SCHOOL DISTRICT 78
FRASER-CASCADE
EVERYONE PULLING TOGETHER

Career Programs WCB Clearance Letter

WCB numbers are collected for the sole purpose of generating a clearance letter. Clearance letters are used to confirm a business is registered and in good standing/insured. Students are may only to complete Career Programs (Work Experience and/or Youth Work in Trades) at worksites in good standing. WCB numbers are not used to check claim history.

Business Name:

WCB #:

Course:

WEX 12A WEX 12B YWT11A YWT 11B YWT 12A YWT 12B



Work Experience Placement Agreement

This is a Work Experience Placement Agreement between the School District 78 Board of Education, the work site employer, and the work experience student.

Work Experience Advisor (Teacher)

Careers and Transitions Coordinator:	
Email: _____	School Phone #: _____

Work Experience Student

Student Name: _____	School: _____
Grade: _____	Age (14yrs+): _____
Phone: _____	
Email: _____	

Work Experience Site Supervisor

Business Name: _____
Supervisor Name: _____
Business Address: _____

Tentative Schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Approximate number of hours: _____ If significant change to schedule occurs, careers coordinator and parent(s)/guardian(s) will be notified.

Terms of Agreement

- This agreement shall be effective from _____ until _____, unless terminated at an earlier date.

Duties

- The employer, teacher and student shall prepare a training plan outlining the general duties expected of the student during this placement.
- The employer should inform the teacher of any added duties and consult with the advisor regarding any duties that may pose a risk to the student

- The employer agrees that it will not require the student to perform any task unless such task might reasonably be expected to be within the scope of the student’s training and abilities.

Supervision/Safety

- The student agrees to be under the supervision of the employer and the employer agrees to provide supervision of the student at all times during the work experience placement.
- The employer will provide site and work-specific safety training and will not permit the student to perform any duties unless the student has all the safety equipment required for the tasks to be performed.

Workers’ Compensation Act Injury Coverage (unpaid placements only)

- Students in an unpaid work experience placement, are covered by the Worker’s Compensation Act and considered workers of the Government, in the Province, of BC for Work Safe purposes only.
- A WCB# will be required to confirm standard work sites.
- Coverage is limited by the terms and conditions set out in the Minutes of the Workers Compensation Board dated June 22, 2004.

Notice of Injury

- The employer will immediately report the occurrence of any injury to the school board by contacting the teacher listed on the front of this document or a School Administrator at (604)869-9971

Insurance

- The school board shall maintain liability coverage to protect the school board, the teacher, and the student during their performance of this agreement.
- The school board will not be responsible for loss or damage to the work site or employer’s property unless such loss or damage is due to the willful acts or omissions of the student; or is caused by the student acting outside his/her authorized duties.

Indemnity

- The school board agrees to indemnify and hold harmless the work site employer, its employees and agents from any and all claims, demands, actions and costs whatsoever that may arise out of the negligent acts or omissions of the school board, the school boards employees and the student, in their performance of this agreement, unless such negligent acts or omissions are at the direction of the work site employer, its employees or agents.

Effect on Employees

- The employer agrees that this placement will not affect the job security of any employee and/or the employers hiring practices.
- The placement of the student will be in addition to the employer’s full complement of employees. The student will not be a replacement for any employee.

Transportation

- The parties agree that the parent(s) or guardian(s) and the student are solely responsible for the students transportation to and from the work site, except – (details if applicable)

Confidentiality

- All parties agree to maintain in the strictest of confidence, information that comes to their knowledge during this work experience placement.

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date
_____	_____	_____	_____
Work Site Employer Signature	Date	Program Advisor Signature	Date



Career Programs Training Plan

Student Name: _____ Business Name: _____

This training plan is for the student placement/position of:

This Work Experience is (circle): Job Shadowing Volunteer Paid Work

Job Description:

Routine Tasks & Responsibilities List	After 100 hours I expect the student will involved in this task/using this tool by:		
	Observing	Completing with help	Completing Independently

Supervisor and/or teacher signature:

Date:

Tools & Equipment Exposure List	Observing	Using with help	Using independently

Supervisor and/or teacher signature:

Date:

Please check (✓) the general/transferable skills students will gain on the job.

- | | | |
|---|--|--|
| <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"/> Time Management |

Training overview:

Pre placement training and/or discussion topics to be covered:

On the job training style (observation only, verbal instructions, visual demonstrations, complete tasks with help, work alongside supervisor, problem solve and ask for help as needed,...):

Growth plan:

Please list the top 3 skills or lessons the student will learn during this placement (eg. Safety, customer service, using a point of sale system, using a chop saw,...)

- 1.
- 2.
- 3.

Typical number of hours to be worked in a school week: _____hrs

Initial student schedule:

_____ Student Signature	_____ Date	_____ Parent Signature	_____ Date
_____ School Contact Signature	_____ Date	_____ Supervisor Signature	_____ Date



Career Programs Site Safety Checklist

Employer/Trainer and Student instructions: Please complete this safety training checklist for all items relevant to the worksite. Student and trainer each initial beside items covered or to be discussed and "N/A" beside items not relevant to the worksite. Return this page to your Career Program Teacher once complete.

Course: WEX 12A WEX 12B YWT11A YWT 11B YWT 12A YWT 12B

Worksite:	Trainer	Student	Comments
Rights & Responsibilities:			
• Student will be informed of general roles and responsibilities of employer, supervisor & workers			
• Student will be informed on how to report workplace hazards.			
• Student will be shown proper procedures for carrying out tasks and will ask with new tasks.			
Hazard Recognition & Injury Prevention:			
• Student will be made familiar with PPE appropriate to worksite. Student knows what PPE will be supplied and what PPE they must acquire.			
• Student will be trained on workplace hazards and how to manage them.			
Incident & Accident Response Procedures:			
• Student will be made aware of all fire exits, fire extinguishers, alarms and meeting points			
• Student knows who has first aid training on site and how to contact them.			
• Student will be made aware of all first aid kits and eye wash stations on site			
• Student will be made aware of how to respond to workplace accidents and emergencies.			
Hazardous Materials and WHMIS:			
• Student will be made aware of hazardous materials they may come in contact with.			
• Student will be shown location of Material Safety Data Sheets.			

 Student Signature

 Date

 Parent Signature

 Date

 School Contact Signature

 Date

 Supervisor Signature

 Date



Career Programs Transition Plan

This document is meant to help students plan for a smooth transition from high school to Employment

Student Name: _____ Student Grade: _____

Date: _____ Year of Graduation: _____

Career Goal: _____

Grade 10

6 Required Courses	Semester 1	Semester 2
<ul style="list-style-type: none"> English 10 Socials 10 A&W 10 or Pre-Calc Math 10 Science 10 PE 10 Applied Skill or Fine Arts Elective 10,11,or 12 	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	Extra's: _____	_____
	Course(s) Outside Timetable	

Grade 11

5 Required Courses	Semester 1	Semester 2
<ul style="list-style-type: none"> English 11 Socials 11 A&W 11 or Pre-Calc Math 11 Science 11 Career Life Education 	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	Extra's: _____	_____
	Course(s) Outside Timetable	

Grade 12

2 Required Courses	Semester 1	Semester 2
<ul style="list-style-type: none"> English 12 Career Life Connections *4 grade 12 courses required for graduation 	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	Extra's: _____	_____
	Course(s) Outside Timetable	

Career Programs Elective Courses:

Work Experience, Youth Work in Trades & Youth Train in Trades

Career Programs Transition Plan

WEX 12A & 12B | YWT 11A, 11B, 12A, & 12B | YTT 2-8 courses, varies with program

Focus Area of Career Goal:

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

Choose 3 courses from your course selection list, and describe how they will help you in your chosen career path:

1. _____ :
2. _____ :
3. _____ :

What Post Secondary program will you take to complete your transition plan?

Post Secondary Institution	Program
Or:	
Or:	

What are the prerequisites of the program you are interested in? (Math needed?, English needed?)

What is the cost of this program? \$ _____ What is the length of this program? _____ weeks

Student Signature

Date

Parent/Guardian Signature

Date

Trades & Transitions Coordinator Signature

Date

*This transition plan is a living document, that should be reviewed and updated annually. A career path may change, courses taken may change due to availability, students may fail a course, students may not be able to handle the planned course load, students may not find suitable work placements, less credits are awarded for Postsecondary Apprenticeship Programs (shorter) than for Foundation programs. These changes need to be noted.



Career Programs

Workplace Photo Assignment

Please submit 2 pictures of yourself in the workplace to your Careers Coordinator

Picture 1 – A picture of yourself with company signage in the photo

- Show us where you work
- Stand outside the workplace by the sign or under the sign
- Make sure we can see your face
- Smile

Picture 2 – Action Shot

- Show us what you do while you are at work.
- Make sure to be using any required safety equipment in the picture
 - (steel toed boots, safety glasses, ear muffs,
- This shot can show you using tools or equipment at the workplace or posing with the tools and equipment you use.
- This could be a shot of you helping a customer, hammering a nail, working at a computer, using a tape measure,...
- If you're a welder or in another trade, maybe show us a picture of you in all your safety gear and holding some equipment, so we can still see your face.

- I _____, give my consent for my picture to be used for marketing SD78 career programs.
- I do not give my consent for my picture to be used for marketing purposes.



Career Programs

Work Term Report

Work Term Reports must be completed each term, before report cards.

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

Student Name: _____

Date: _____

Worksite: _____ (Work Dates) From _____ To: _____

This work term report is for (circle):

Work Experience (WEX): 12A 12B

Youth Work in Trades (YWT): 11A 11B 12A 12B

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.

- | | | |
|---|--|--|
| <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"/> Time Management |

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

Career Programs

Work Term Report

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.

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 skill 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 career plans remained the same – or have your plans changed – as a result of this experience?)



Career Programs Employer Feedback Form

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. Employers are asked to provide their feedback on these items each term.

Employer/Supervisor Feedback:

Student Name: _____ School: _____

Course: WEX 12A WEX 12B YWT11A YWT 11B YWT 12A YWT 12B

Employer: _____ (Work Period) From: _____ To: _____

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

How did the student do in the following areas?	NA	1	2	3	4
Fundamental skills					
Communication is appropriate for the work placement (listening and responding, writing, speaking)					
Manages information, including privacy requirements					
Reading, writing, and math skills are appropriate for the work placement					
Solves problems effectively					
Personal management skills					
Is punctual					
Is responsible					
Shows initiative					
Is efficient					
Is adaptable					
Practices work safety					
Teamwork skills					
Interacts respectfully					
Is co-operative					
Is courteous					
Technical skills					
Uses tools/equipment appropriately and effectively for the specific trade and the work placement					
Quality of work					
Applies trade-specific skills					

What are this student's main strengths? _____

What are your recommended areas for improvement & growth for this student?

What type of employment/career sector do you feel this student is best suited for?

Additional comments:

Employer/Supervisor Signature _____ Date: _____

Thank you for your feedback



Career Programs Monitor Report

A monitor report is to be done quarterly, for each reporting period, unless the course is finished early. 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.

Career Program Coordinator Evaluation:

Student Name: _____ School: _____
 Course: WEX 12A WEX 12B YWT11A YWT 11B YWT 12A YWT 12B
 Employer: _____ (Work Period) From: _____ To: _____

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

How did the student do with?	NA	1	2	3	4	Comments/Date:
Fundamental skills						
Communication is appropriate for the work placement (listening and responding, writing, speaking)						
Manages information, including privacy requirements						
Reading, writing, and math skills are appropriate for the work placement						
Solves problems effectively						
Personal management skills						
Is punctual						
Is responsible						
Shows initiative						
Is efficient						
Is adaptable						
Practices work safety						
Teamwork skills						
Interacts respectfully						
Is co-operative						
Is courteous						
Technical skills						
Uses tools/equipment appropriately and effectively for the specific trade and the work placement						
Quality of work						
Applies trade-specific skills						

Additional comments:

Career Program Coordinator Signature

Date



Career Programs Student Reflection

Students Reflections are to be completed at the end of each placement and/or course.

This student Reflection is being completed for:

- WEX 12A WEX 12B YWT 11A YWT 11B YWT 12A YWT 12B

Student Information:

Student Name: _____ Worksite: _____
Supervisor: _____ (Work Period) From: _____ To: _____

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"/> 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