

Training Plan for Work Experience

Student Name:	Work Site Telephone No.:	Work Site Employer Address:
Teacher/Monitor Name:	Work Site Facsimile No.:	
Work Site Employer (Business Name):	Work Site Employer Email:	

Student Focus Area:

- | | | |
|---|---|--|
| <input type="checkbox"/> (XA) Business & Applied Business | <input type="checkbox"/> (XD) Health & Human Services | <input type="checkbox"/> (XG) Tourism, Hospitality |
| <input type="checkbox"/> (XB) Fine Arts, Design & Media | <input type="checkbox"/> (XE) Liberal Arts & Humanities | <input type="checkbox"/> (XH) Trades & Technology |
| <input type="checkbox"/> (XC) Fitness & Recreation | <input type="checkbox"/> (XF) Science & Applied Science | |

Focus Area-related Courses Taken/Planned: (4 courses, 2 or more at the grade 12 level)

On-Site Safety Orientation:

Date completed:

Provided by:

Days/Hours to be worked: _____

Outline: *(general description of the nature of work to be performed during the work experience placement)*

Duties/Tasks: *Please list the specific duties/tasks to be observed or performed alone or with assistance, and workplace-specific skills to be developed. A separate sheet may be attached.*

	To be Observed	To Perform with help	To Perform Alone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Employability Skills: (check skills to be practiced and if they will perform them with assistance or alone)

FUNDAMENTAL SKILLS:

Communication ~ performed alone or; performed with assistance or; n/a
 (read & understand; write & speak; listen & ask questions; use information technology)

Managing Information ~ performed alone or; performed with assistance or; n/a
 (gather & organize info; analyze & apply knowledge)

Numeracy ~ performed alone or; performed with assistance or; n/a
 (extract & record numeric data; perform calculations)

Thinking & Solving problems ~ performed alone or; performed with assistance or; n/a
 (recognize problems that occur; identify & apply solutions; evaluate effectiveness of decisions)

PERSONAL MANAGEMENT SKILLS:

Positive Attitudes & Behaviours ~ performed alone or; performed with assistance or; n/a
 (self esteem & confidence; honesty, integrity & ethics; appropriate grooming & attire; & resourceful)

Responsibility ~ performed alone or; performed with assistance or; n/a
 (balance work & personal life; punctuality & attendance; accountable & reliable)

Adaptability ~ performed alone or; performed with assistance or; n/a
 (adjust readily to change; ability to multitask)

Learn Continuously ~ performed alone or; performed with assistance or; n/a
 (sets learning goals; keen to learn new things)

Work Safely ~ performed alone or; performed with assistance or; n/a
 (follows safe work practices)

TEAMWORK SKILLS:

Work with Others ~ performed alone or; performed with assistance or; n/a
 (respects individual differences; accepts constructive feedback; skills to be a team member)

Participate in Projects & Tasks ~ performed alone or; performed with assistance or; n/a
 (use of appropriate tools & tech; operation of equipment; treat equipment with care)

By their signatures, the parties signify their agreement with the terms of the Training Plan, above.

School	Student/Parent or Guardian	Employer
Contact Name (print)		Contact Name (print):
_____	_____ (student signature)	_____
_____	_____ (parent/guardian signature)	_____ (signature)
(signature)		
Date:	Date:	Date: