Student Responsibilities and Learning Expectations

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| Student:  |
| Job Title: |
| Company Name: |
| Supervisor: |

General Learning Outcomes Demonstrate:

* honesty, integrity and personal ethics;
* a positive attitude;
* initiative, energy and persistence to get the job done;
* the ability to plan and manage time;
* accountability for actions taken;
* respect towards the thoughts and opinions of others in a team work situation;
* listening skills;
* problem solving skills;
* communication skills with fellow workers and supervisors.

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| Student Duties and Responsibilities: Please give a detailed description of the duties this student will be responsible for at this work site – point form is preferable. |
| 1. |
| 2. |
| 3. |
| 4. |

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| Student Learning Plan: Please list the **workplace skills, attitudes and knowledge** that the student currently possesses that enabled him or her to be hired for the job position. |
| Workplace Skills: |
| Attitudes: |
| Knowledge: |
| Have the student and the employer completed the Worksite Orientation Checklist? Yes [ ]  No [ ]  |
| Have the student and the employer completed the Safety Orientation Checklist? Yes [ ]  No [ ]  the student and the employer completed the Safety Orientation Checklist? Yes [ ]  No [ ]  |

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| What **workplace skills, attitudes** and **knowledge** do you want the student to develop or improve upon during the next \_\_\_ 75 \_\_\_ 125 \_\_\_ 250 hours of work? |
| Workplace Skills: |
| Attitudes: |
| Knowledge: |

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| What **specialized training** do you want the student to complete during the next\_\_\_ 75 \_\_\_ 125 \_\_\_ 250 hours of work? |
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Will your business pay?

* Regular wage \_\_\_\_\_\_\_\_\_
* No Wage \_\_\_\_\_\_\_\_\_
* Honorarium \_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note:

1. Please inform the Off-Campus Coordinator if the **major job duties change significantly** during the placement.
2. Please provide **the student** with a one- or two-week schedule

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference:

* AP216 Off-Campus Education
* Off-Campus Education Guide