



Wolf Creek Public Schools – Monthly Time Sheet

Student Name: _____ Month/Year: _____

Employer: _____

To be signed by your supervisor and handed into your off-campus teacher on the first school day of the following month

| Date: | Time In: | Time Out: | # of Hours Worked: | Description of Work Activity: |
|--------------------------------|----------|-----------|--------------------|-------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |
| Total Hours This Month: | | | | |

Students Overall Performance this Month was (for employer to complete along with having a conversation with the student):

- Excellent
 Very Good
 Satisfactory
 Unsatisfactory

Student's Signature: _____

Supervisor's Signature: _____

Off-Campus Teacher Signature: _____

Lacombe Outreach School
Off Campus Program- Work Experience
LEARNING PLANS/ EVALUATION

Student: _____

Employer: _____

Month/ Year: _____

PLEASE EVALUATE AND DISCUSS STUDENT PERFORMANCE

| EXCELLENT (5) | COMPETENT (4) | SATISFACTORY (3) | UNSATISFACTORY (2) | UNACCEPTABLE (1) |
|--|--|---|---|-----------------------------|
| -Consistent -With great confidence -Independent -Rarely needs direction | -Often -With confidence -Occasionally needs direction -Direct supervision | -Generally -Some confidence -Often needs direct supervision | -Rarely -Little confidence -Requires direct supervision | |

PERSONAL SKILLS AND WORK SKILLS

| | | | | | |
|---|---|---|---|---|---|
| Motivation- willingness to work and works independently | 5 | 4 | 3 | 2 | 1 |
| Cooperative- ability to work with others | 5 | 4 | 3 | 2 | 1 |
| Attitude- ability to accept advice and constructive criticism | 5 | 4 | 3 | 2 | 1 |
| Dependability- attendance, reliable and performs to expectations | 5 | 4 | 3 | 2 | 1 |
| Adaptability- is flexible and can adjust to new or changing situations | 5 | 4 | 3 | 2 | 1 |
| Communication- asks questions and seeks help when needed | 5 | 4 | 3 | 2 | 1 |
| Skills- demonstrates skills appropriate to this placement | 5 | 4 | 3 | 2 | 1 |
| Accuracy- few errors and completes work in a timely manner | 5 | 4 | 3 | 2 | 1 |
| Professionalism- dresses and conducts oneself appropriately | 5 | 4 | 3 | 2 | 1 |
| Safety Conscious- demonstrates safe practices in the workplace | 5 | 4 | 3 | 2 | 1 |



Worksite Orientation Assignment

(To be completed by work experience student; supervisor can assist if necessary)



Your Name: _____

Company/Organization: _____

Supervisor Name & Number: _____

When do you anticipate working? Evenings Weekends Holidays

Approx how many hours? _____

What are the company/organizations policies and procedures regarding:

a) Workplace Health & Safety:

b) Emergency Procedures:

c) Dress Codes:

d) Confidentiality:

e) The Reporting Process:



Worksite Orientation Assignment

(To be completed by work experience student; supervisor can assist if necessary)



f) Employee Conduct:

g) Personal Protective Equipment (PPE):

h) Absenteeism:

i) Cell Phone Use:

j) Social Media Use:

k) Complaints:

Have you had safety training? If so, list 5 safety guidelines.



Lacombe Outreach School

Work Experience Learning Plan

This form is to be completed by the student



Wolf Creek Public Schools

Creating Success For All Learners

Date: _____

Grade: _____

Student Name: _____

Student Email: _____

Student Cell: _____

HCS3000: Y N

HCS3010: Y N

Company Name: _____

Company Address: _____

Supervisor Name: _____

Supervisor Email: _____

Supervisor Cell: _____

Student's Duties and Responsibilities

The *job description* of exactly what the Job is in as much detail as possible:

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |

Please list the skills that you possess that enabled you to be hired for this job position
ex. What kinds of things are you good at before you started this position?

| |
|-------------------|
| Workplace Skills: |
| Attitudes: |
| Knowledge: |

What specific initial training have you completed in order to do your job?

List other training/tasks you might be assigned at work in the future.

NOTE:

Please inform the Work Experience Coordinator if the student's *major job duties change significantly* during the work experience placement.

Student Signature: _____

Work Experience Coordinator Signature _____

*Thank you for your cooperation and participation in
Lacombe Outreach School's Work Experience Program!*