

PARKLAND SECONDARY SCHOOL

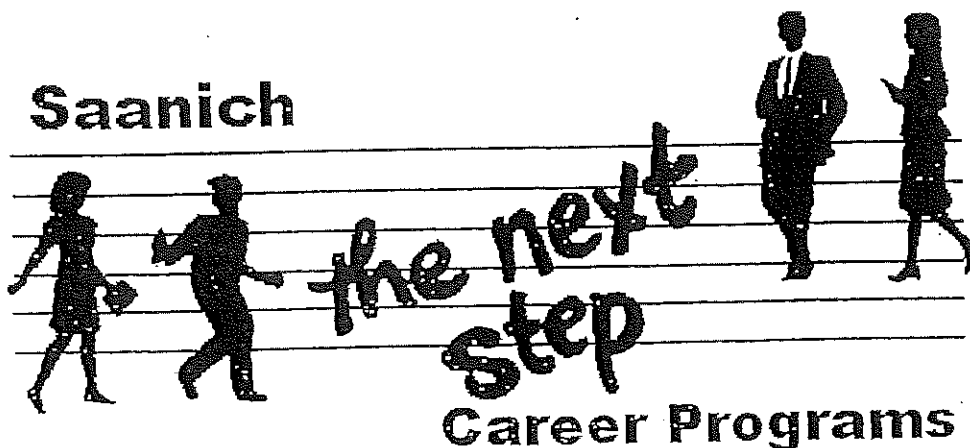
WORK EXPERIENCE 12A/12B STUDENT HANDBOOK

NAME: _____

Student Checklist:

- | | |
|--------------------------------|--------------------------|
| 1. Resume | <input type="checkbox"/> |
| 2. Cover Letter | <input type="checkbox"/> |
| 3. WORKSAFE B.C. Research | <input type="checkbox"/> |
| 4. Responsibility Agreement * | <input type="checkbox"/> |
| 5. W.E. Agreement * | <input type="checkbox"/> |
| 6. Training Plan * | <input type="checkbox"/> |
| 7. Safety Checklist | <input type="checkbox"/> |
| 8. Employer Evaluation INTERIM | <input type="checkbox"/> |
| 9. Employer Evaluation FINAL | <input type="checkbox"/> |
| 10. Student Reflection | <input type="checkbox"/> |
| 11. Time Logs | <input type="checkbox"/> |
| 12. Final Mark | _____ |

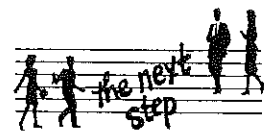
Documentation *** to be submitted by:



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Work Experience 12A/12B Goals & Evaluation Criteria

Ministry of Education approved **Work Experience 12A** and **Work Experience 12B** are each 100 to 120 hour courses of work-based training in a co-operative partnership between the student, the school, and the employer. Through work-based training, students observe and practice employability skills and learn new technical and applied skills related to specific occupations or industries.

A. GOALS OF WORK EXPERIENCE

The following processes may vary depending upon school and employer needs ...

- Making school courses become more relevant
- Increasing student confidence and potential
- Learning skills that are transferable to other employment scenarios
- Building a network of industry/employer contacts
- Acquiring information toward career decision making
- Creation of Resumé and Cover Letter
- Participate in the interview process

B. PREPARATION FOR WORK EXPERIENCE **25%**

- Student interview and discussions with School Coordinator regarding work interest areas
- Orientation to Log Book and all forms including WCB Insurance form
- Student Orientation/Training Plan and Safety Checklist with School
- Completion of Work Safe B.C. learning activity

C. EMPLOYER EVALUATION **50%**

The employer evaluation report will account for 50% of the total mark given for this course.

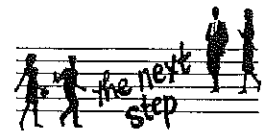
D. TIME LOGS **20%**

Complete the Time logs. Remember to follow the "3-D approach": **day**, **date**, **duties**, and the number of hours worked each shift. Students should check in with their Career Counsellor at least once every two weeks and can submit their logs for filing at that time. No credit will be given for the course if the log of hours is not submitted.

E. STUDENT REFLECTIONS **5%**

This section asks you to reflect on your Work Experience, the new skills you have acquired and how the training relates to your goals. (It will be helpful to answer the questions while you are still attending the worksite). It is acceptable to answer the questions in point form in the spaces provided.

TOTAL **100%**



Student Check List WE 12A/12B

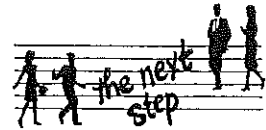
TO DO LIST:

- ☐ 1. Proofed **Resumé** is printed for employer and file copy provided for Career Counsellor. *Also save an electronic copy to home computer.*
- ☐ 2. **Cover Letter** is written and file copy provided for Career Counsellor. *Also save an electronic copy to home computer.*
- ☐ 3. Student has completed **WorkSafe B.C. on-line learning activity** and submitted completed activity to respective Career Counsellor. Details of how to complete the activity can be found at: <http://www.sides.ca/work/researchactivity.doc>
- ☐ 4. **Work Experience Goals** are discussed with parent/guardian.
- ☐ 5. Worksite options are generated through discussion with Career Counsellor, career research, or employer contacts.
- ☐ 6. Interview is set-up by (phone call/email).
- ☐ 7. Interview has been completed.
- ☐ 8. Means of transportation is confirmed.

FORMS:

All forms must have appropriate signatures and be returned to the career coordinator.

- ☐ 9. **Student Responsibility Agreement & Pre-Worksite Orientation**
- ☐ 10. **Work site Orientation & Initial Safety Check List**
- ☐ 11. **Training Plan**
- ☐ 12. **Work Experience Agreement**
- ☐ 13. (WCB Insurance form) **Work Experience Placement Agreement** form (if unpaid placement)
- ☐ 14. Log sheets
- ☐ 15. Interim Evaluation
- ☐ 16. Final Evaluation
- ☐ 17. Student Reflections Activity



Student Responsibility Agreement & Pre-Worksite Orientation:

This check list must be completed by the student with the Career Counsellor and logged in the student file before any work can commence at the work site.

Student's name: _____ Work site: _____

PRE-WORKSITE INFORMATION

Student – reviewed with School Career Counsellor (check ✓ or N/A) Date: _____

- ☐ I will maintain regular attendance as scheduled, or, in advance, notify my workplace if unable to report to work.
- ☐ I will demonstrate honesty, punctuality, courtesy, a co-operative attitude, proper health and grooming habits, appropriate dress and a willingness to learn.
- ☐ I will communicate any worksite difficulties to my workplace supervisor and/or school coordinator.
- ☐ I will respect business and client confidentiality.
- ☐ I understand that it is the sole responsibility of the student to track and log the hours of work and further understand that I will not receive school credits for this work experience if the necessary logs and evaluations are not completed fully and submitted to my Career Counsellor in a timely fashion.
- ☐ I understand I should not use my personal electronic devices while at work. Eg. I-pod, cell phone
- ☐ I understand that I must check in regularly with my school Career Counsellor to review my work log and discuss my progress.

SAFETY

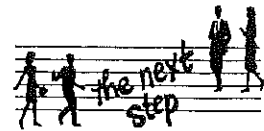
- ☐ I am aware that I must abide by all WorkSafe standards as they apply to my worksite and comply with standard business practices and procedures.
- ☐ I am aware that I have the right to refuse unsafe work as per WCB regulation 3.12.
- ☐ If unsure of how to work safely, I will ask my supervisor for safety training.
- ☐ I will correct any unsafe worksite conditions or report them to my supervisor immediately.
- ☐ I will purchase or receive from the employer, and use, personal protective equipment or clothing as required for my work site.
- ☐ I will report any injury to myself to the first aid attendant immediately.
- ☐ I am aware that I must be observant of moving equipment or vehicles.
- ☐ I am aware that I must receive specific training before using new tools & equipment and before I can handle hazardous worksite products.
- ☐ I know how to lift heavy items or to ask for assistance to lift them.

FOR CONSTRUCTION SITES:

- ☐ I am aware that guard-rails or fall protection must be used in some situations.
- ☐ I will follow the safe procedures for use of ladders and scaffolds.
- ☐ I am aware that open ditches/excavations present a serious safety risk and must be sloped or shored accordingly and provide a safe exit route.

Student: _____
Sign as agreed to the above

Teacher: _____
Sign to acknowledge review of the items listed above with the student



Work Site Orientation & Initial Safety Check List:

This check list must be completed by the student and work site supervisor, then returned to the school Career Counsellor before any work can commence at the work site.

Student's name: _____ Supervisor's name: _____

Worksite/Business Name: _____

#	Task	Yes	No	N/A
1	Supervisor confirms that WCB coverage is in place at the work site.			
2	Student was given an orientation regarding workplace safety and generic risks of this job.			
3	Hazards and risks specific to this workplace were identified during this orientation (physical, chemical, biological, etc.).			
4	Supervisor has reviewed the emergency procedures (eg. fire, earthquake) with the student.			
5	The locations of the fire extinguishers and fire alarms have been identified for the student.			
6	The student has been informed of the work site health and safety committee and its members.			
7	The student has been informed of the procedure around reporting any worksite injury to the first aid attendant on site and has been informed as to the location of the first aid station(s).			
8	The student has been made aware of worksite policies dealing with theft, equipment damage, robberies and/or shoplifting. (if applicable).			
9	The student has been instructed to request specific training for any machinery or equipment prior to use and to ask for assistance with any processes and/or procedures that are new to the student.			
10	The student has been informed that appropriate clothing and Personal Protective Equipment is required.			
11	The student understands that the noise level at the worksite should not impair his/her ability to hear, or be heard by others. This means also means that no electronic devices, such as cell phones or i-pods, should be used when performing duties or tasks at the work site.			
12	The student has been instructed to rectify minor workplace hazards or report them to the supervisor.			
13	Student has been introduced to co-workers.			
14	Student has made supervisor aware evaluation forms and procedures.			

Student signature: _____ Date: _____
 Sign to acknowledge the above checklist has been thoroughly reviewed with you by the supervisor.

Supervisor signature: _____ Date: _____
 Sign to acknowledge the above checklist has been thoroughly reviewed with the student.

WEx Student Training Plan Please circle appropriate course designation **12A 12B**

Student : _____

Worksite/Business: _____ Employer phone #: _____

Student Focus Area:

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

Description of Job-Specific Duties / Tasks:

Tools, Equipment, Machinery to be used:

Employability Skills to be targeted (check appropriate boxes):

Fundamental Skills	Personal Management Skills	Teamwork Skills
<input type="checkbox"/> Communicate <input type="checkbox"/> Manage Information <input type="checkbox"/> Use Numbers <input type="checkbox"/> Think & Problem Solve	<input type="checkbox"/> Demonstrate Positive Attitudes & Behaviours <input type="checkbox"/> Be Responsible <input type="checkbox"/> Be Adaptive <input type="checkbox"/> Learn Continuously <input type="checkbox"/> Work Safely	<input type="checkbox"/> Work with Others <input type="checkbox"/> Participate in Projects & Tasks

Student: _____
Sign as agreed to the aboveSupervisor: _____
Sign to acknowledge review of the items listed above with the student

SD63 (Saanich) Work Experience Agreement Form

TEACHER CONTACT

Colleen McNamee	Email: cmcnamee@sd63.bc.ca
Career Counsellor - Parkland	Ph: 250 655 2715
10640 McDonald Park Road	Cell: 250 589 7335
Sidney, B.C. V8L 5S7	

STUDENT

Name: _____	Birth Date: _____
Home Phone: _____	Cell Phone: _____
Address: _____ postal _____	
Parent/guardian name: _____	

EMPLOYER

Business name: _____	Phone: _____
Supervisor name: _____	Cell: _____
Address: _____ postal _____	
Email: _____	Fax: _____

By their signatures below, all parties agree to the terms of the five documents listed below that relate to the Work Experience placement. The five documents listed below must be signed and returned to the school based Career Coordinator. The documents include:

- ☐ **Student Responsibility Agreement & Pre-Worksite Orientation**
- ☐ **Worksite Orientation & Initial Safety Check List**
- ☐ **Training Plan**
- ☐ **Work Experience Agreement Form**
- ☐ **WCB insurance/liability form only required for unpaid work placements and formally known as the "Work Experience Placement Agreement"**

SIGNATURES

School contact: _____	Date: _____
<small>Signature required</small>	
Student: _____	Date: _____
<small>Signature required</small>	
Employer: _____	Date: _____
<small>Signature required</small>	
Parent: _____	Date: _____
<small>Signature required</small>	

Interim Student Evaluation

Saanich School District Work Experience Please circle appropriate course designation **12A 12B**

Student Name: _____ Date: _____

Employer/Business Name: _____

Supervisor Name: _____

At approximately **50-60 hours** of work experience, employers are to complete and sign this form. Students are to return this signed, completed form to their Career Coordinator as soon there after as possible

Using the scale below, rank the student's Employability Skills learned during their Work Experience placement.

1 = weak 2 = needs improvement 3 = good 4 = excellent

	1	2	3	4		1	2	3	4
FUNDAMENTAL SKILLS					TEAMWORK SKILLS				
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respect & relations with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude - Application to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Attitude - towards training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL MANAGEMENT SKILLS				
					Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL SKILLS					Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity and efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Grooming and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Health and work safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Organization, planning, & efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employer Comments

Employer Signature: _____ Student Signature: _____

Final Student Evaluation

Saanich School District Work Experience Please circle appropriate course designation **12A 12B**

Student Name: _____

Date: _____

Employer/Business Name: _____

Supervisor Name : _____

At approximately **100-120 hours** of work experience, employers are to complete and sign this form. Students are to return this signed, completed form to their Career Coordinator as soon there after as possible

Using the scale below, rank the student's Employability Skills learned during their Work Experience placement.

1 = weak 2 = needs improvement 3 = good 4 = excellent

	1	2	3	4		1	2	3	4
FUNDAMENTAL SKILLS					TEAMWORK SKILLS				
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respect & relations with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude - Application to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Attitude - towards training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL MANAGEMENT SKILLS				
					Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL SKILLS					Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity and efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Grooming and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Health and work safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Organization, planning, & efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employer Comments

Employer Signature: _____ Student Signature: _____

WEx Student Reflections Activity Please circle appropriate course designation **12A 12B**

Student completes the **Students Reflections Activity** after 100 hours work experience and returns to Career Counsellor along with the with **Final Student Evaluation**.

Name: _____

1. List three worksite specific duties/tasks that you performed at your worksite.

-
-
-

2. Name the equipment or tools you learned to operate.

-
-
-

3. What are the potential safety hazards in this work (how might an injury occur)?

-
-
-

5. What skills did you learn at school that were transferable to your work experience?

-
-

6. Give an example of how your work performance improved by communicating with co-workers or a supervisor.

-

7. Employability Skills Checklist

Using the scale below, rank your Employability Skills learned through Work Experience placement.

1 = weak 2 = needs improvement 3 = good 4 = excellent

	1	2	3	4		1	2	3	4
FUNDAMENTAL SKILLS					TEAMWORK SKILLS				
Communication					Respect & relations with others				
Initiative					Cooperation				
Attitude - Application to work									
Attitude - towards training					PERSONAL MANAGEMENT SKILLS				
					Attendance				
TECHNICAL SKILLS					Punctuality				
Technical Proficiency					Work area				
Quality of work					Ability to follow instructions				
Quantity and efficiency					Sense of Responsibility				
					Grooming and appearance				
					Health and work safety				
					Organization, planning, & efficiency				