

Career Programs Student Evaluation

Student Information:				
Student Name:				
Career Program:				Teacher:
Employer:				Phone:
Supervisor:		Work Dates:		
Address:				
Student Focus Area	I <u>:</u>			
Business & Applied Business	5 🗖	Health & Human Services		Tourism, Hospitality & Food
Fine Arts, Design & Media				Trades & Technology
Fitness & Recreation		Science & Applied Science		Other:
Please check (\checkmark) the Emplo	yabil	ity Skills that you practic	ed d	uring your placement.
Communication		Positive Attitude		Working with Others
Information Management		Responsibility		Organized Planning
Use of Numbers		Adaptability	ū	Problem Solving
Willingness to learn		Workplace Safety		Effective Time Managemen
Please describe the type of	work	done and the tasks/dut	ies p	reformed:
Please list 3 work-place spe	cific	skills, tools or pieces of t	echn	ology that you used dur
your placement:				
1				
2 3			for t	he future:
2 3			for t	he future:
1. 2. 3. Describe how this experien			for t	he future: