



## Career-Life Exploration 30 Hours Cover Sheet

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

FIRST LAST

Student #: \_\_\_\_\_ Email: \_\_\_\_\_

Mark the box below which is applicable to you:

☐

I am in the 80-hour program and have submitted paperwork for at least 30 hours.

☐

I am in an Industry Training program and have submitted the paperwork for at least 30 hours.

☐

I have completed 30 hours of career-life exploration and have filled out the information below, the Student Training Plan on the back of this sheet, and the Performance Feedback / Reflection document.

**Note #1:** The Student Training Plan is to be completed **before** you go out, and the other documents after.

**Note #2:** If you complete fewer than 30 hours at one organization, you must complete all documents for each of the organizations. Hours must be completed at a recognized community business or organization other than Burnaby Central Secondary School.

Please provide the following information:

Organization's name:

Organization's full address:

Contact's name (first and last):

Contact's phone number:

Contact's email:

Dates / times when you did your hours:

Total hours completed at this organization:

# CAREER EDUCATION

## STUDENT TRAINING PLAN

**Student:**

**Program:**

**Start Date:**

**End Date:**

- Use this form to outline student's personal goals for learning and skill development for the work experience credit.
- This plan needs to be signed off by the student and parent/guardian **prior** to starting the work experience hours.

**What position / volunteer role will you participate in during the 30 hour work experience?**

*For example: Sales Associate, Volunteer Office Assistant, Volunteer Construction Labourer, Line Cook, Hostess, etc.*

**General Description of the work / tasks to be performed and its connection to your area of interest?**

**Area of Interest:** Check off your area(s) of interest: (identified below)

Agriculture, Food and Natural Resources  
Architecture and Construction  
Arts, Audio/Visual Technology & Communications  
Business, Management and Administration  
Education and Training  
Finance  
Government and Public Administration  
Health Science

Hospitality and Tourism  
Human Services  
Information Technology  
Law, Public Safety, Corrections, & Security  
Manufacturing  
Marketing, Sales and Service  
Science, Technology, Engineering & Mathematics  
Transportation, Distribution and Logistics

### Skills to Develop During Your Work Experience

Workers require a combination of: essential skills, employability skills, job readiness skills, and job specific technical skills. This plan outlines, the **skills** the student wants to practice and develop during these hours.

#### Essential Skills to focus on:

- |  |   |
|--|---|
| <input type="checkbox"/> Numeracy            | <input type="checkbox"/> Writing        |
| <input type="checkbox"/> Oral Communication  | <input type="checkbox"/> Document Use   |
| <input type="checkbox"/> Working with Others | <input type="checkbox"/> Thinking       |
| <input type="checkbox"/> Continuous Learning | <input type="checkbox"/> Digital Skills |
| <input type="checkbox"/> Reading Text        |   |

**Employability Skills:** Indicate the employability skills you want to practice.

#### Personal Management Skills:

- ☐ Demonstrating positive attitude and behaviours
- ☐ Being responsible
- ☐ Being adaptable
- ☐ Continuous learning
- ☐ Working safely

#### Fundamental Skills:

- ☐ Managing Information
- ☐ Using Numbers
- ☐ Thinking, analyzing, and solving problems

#### Teamwork Skills:

- ☐ Working with others
- ☐ Participating in projects and tasks
- ☐ Giving and/or receiving feedback
- ☐ Demonstrating initiative

#### Job Skills specific to area(s) of interest:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

**Parent / Guardian Signature:**

**Student Signature:**

# CAREER EDUCATION

## STUDENT'S DAILY WORK RECORD & JOURNAL

Student: \_\_\_\_\_ Student# \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and Last Name)

Starting Date: \_\_\_\_\_ Finishing Date: \_\_\_\_\_

|  |  |
|--|--|
| <b>Duties</b>                          | What duties did you perform or observe over the course of your work experience?  |
|  |  |
| <b>Plan</b>                            | Restate what specific skill(s) you chose to develop as per your Student Training Plan:   |
|  |  |
| <b>Indicate the date of each shift</b> | <p>Keep a daily journal (below) – include the date with a start and finish time in the left column. Briefly explain the task you completed. Identify skills you were developing. Whenever possible, try to assist with a new task – provide an explanation of <b>what you learned, and your thoughts on the process.</b></p> |
|  |  |

|  |  |
|--|--|
|  |  |
|--|--|

**TOTAL NUMBER OF HOURS RECORDED IN THIS JOURNAL:**

**STUDENT SIGNATURE:**\_\_\_\_\_

# CAREER EDUCATION

## STUDENT'S WORK EXPERIENCE EMPLOYER FEEDBACK

Student: \_\_\_\_\_ Program: **CLC - 30 Hour Program**

School: **Burnaby Central Secondary School** CE Advisors: **Mr. Hait**

Phone#: **604-296-6852** Fax#: **604-296-6851**

Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Instructions:** Please use the following scale to provide feedback to the work experience student as you would an entry-level worker. If possible, please discuss this feedback with the student

**Exceeding**-performed beyond expectations **Proficient**-meets expectations **Developing**-has developed skills towards expectations **Beginning**- initial skills emerging

| Entry-Level Employability Skills                                | Exceeding | Proficient | Developing | Beginning | Not Applicable |
|---|-----------|------------|------------|-----------|----------------|
| <b>Personal Qualities and Interpersonal Skills</b>              |           |            |            |           |                |
| Co-operative and able to work with others                       |           |            |            |           |                |
| Accepts constructive criticism                                  |           |            |            |           |                |
| Adapts to new tasks and/or situations                           |           |            |            |           |                |
| Respectful of others  |           |            |            |           |                |
| Appropriately groomed   |           |            |            |           |                |
| Demonstrates a positive attitude, shows interest and enthusiasm |           |            |            |           |                |
| <b>Communication Skills</b>                                     |           |            |            |           |                |
| Uses appropriate communication for worksite                     |           |            |            |           |                |
| Speaks clearly so others can hear and understand                |           |            |            |           |                |
| Listens well and asks appropriate questions                     |           |            |            |           |                |
| Uses appropriate body language                                  |           |            |            |           |                |
| Communicates appropriately via phone, text, and/or e-mail       |           |            |            |           |                |
| <b>Quality of Work and Work Habits</b>                          |           |            |            |           |                |
| Reliable (punctual & attends regularly)                         |           |            |            |           |                |
| Shows a good work ethic   |           |            |            |           |                |
| Able to follow directions and complete assigned tasks           |           |            |            |           |                |
| Shows initiative  |           |            |            |           |                |
| Utilizes and is aware of safety practices                       |           |            |            |           |                |
| Utilizes technology and/or other tools effectively              |           |            |            |           |                |

**Additional comments:**

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**Overall attitude:** ☒ **Excellent** ☐ **Good** ☐ **Satisfactory** ☐ **Needs Improvement**

Number of days late: \_\_\_\_\_ Reason: \_\_\_\_\_

Number of days absent: \_\_\_\_\_ Reason: \_\_\_\_\_

**Has this feedback been discussed with the student?** YES ☐ NO ☐

Student's signature: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Career-Life Exploration 30 Hours Reflection Document



Student: \_\_\_\_\_

Student #: \_\_\_\_\_

Company / Organization: \_\_\_\_\_

1. What type of business does the company / organization do? \_\_\_\_\_  
\_\_\_\_\_
2. What duties did you enjoy and do well at in the job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How do the school courses you are taking, or plan to take, relate to the knowledge / skills you used or observed in the workplace? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Did your work experience confirm or change your area of career interest? Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Core Competency Skills

5. The following is a list of **communication skills** – check off the skills that you developed:  

|  |   |
|--|---|
| <input type="checkbox"/> oral & written communication skills | <input type="checkbox"/> using numbers                          |
| <input type="checkbox"/> managing & sharing information      | <input type="checkbox"/> thinking, analyzing & solving problems |
6. Provide 1 example of how you used one of these skills in the workplace: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The following is a list of **personal & social responsibility skills** – check off the skills that you developed:  

|  |  |
|--|--|
| <input type="checkbox"/> demonstrating positive attitude and behaviors | <input type="checkbox"/> working safely      |
| <input type="checkbox"/> being responsible                             | <input type="checkbox"/> continuous learning |
| <input type="checkbox"/> being adaptable                               |  |
8. Provide 1 example of how you used one of these skills in the workplace: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. The following is a list of **critical thinking skills** – check off the skills that you developed:  

|  |   |
|--|---|
| <input type="checkbox"/> working with others effectively | <input type="checkbox"/> receiving feedback and reflecting in a positive manner |
| <input type="checkbox"/> demonstrating initiative        | <input type="checkbox"/> participating in projects & tasks in a meaningful way  |
10. Provide 1 example of how you used one of these skills in the workplace: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_