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**Career Education – Work Experience**

**Continuity of Education Plan**

During the unprecedented COVID 19 outbreak. Students may complete 30 to 40 hours of service learning within the safety of their home. Understanding these times are stressful on everyone, the intent of this option is to allow students the opportunity to find ways to support family. Ideally, students will challenge themselves to learn new tasks within the family unit. However, this might not be what the family needs, so we leave the ideas and plan to the student and family. We want all students to ensure they are maintaining social distancing and following all of the guidelines set up by the Provincial health officer Dr. Bonnie Henry.

**To complete this service learning you must do the following:**

1. Create a plan. Talk with family and identify some ways in which you can support your household. Set a timeline, and treat these tasks as a scheduled job / service. Fill in the training plan sheet, and identify the skills you will be practicing and learning and get a parent’s signature.
2. Each time you complete duties and tasks as a part of your plan, fill in your daily journal.
3. At the end of a task or your service hours – get an evaluation completed and your journal sheet signed by your supervisor / parent /guardian. Depending on your specific plan, you might use more than one journal sheet, or get more than one evaluation.
4. Submit a completed copy of your training plan, journal and evaluation to your CE Advisor. Emails are available on your school web-site.

**Service Ideas:**

* Do all of the family dishes for a week, or laundry or….
* Plan and prepare family meals
* Assist with spring cleaning duties – window, washing blanket, organizing cupboards, closets
* Yard work, mowing the lawn, weeding, planting a garden or creating patio planters
* Assisting younger sibling with homework
* Connecting with younger relatives via technology and reading them a book
* Connecting with elderly relatives via phone – or writing a card (big print) and mailing it
* Learn a new skill from a parent or relative (learn a skill, use a tool, learn a hobby, help with home maintenance, or car maintenance)
* Volunteering virtually: <https://www.govolunteer.ca/covid-19-volunteering>

**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.

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| **What to do? Make a plan with family. What can you help with during this time? What time frame will do you these tasks? (a few hours a day, a full day…) Whenever possible try to do a new task.**  *For example: meal preparation, teaching a younger sibling, organizational or house cleaning, yard work, acts of kindness, assisting with house maintenance projects (window cleaning, cleaning blinds, repairing, painting, cleaning closets, cupboards)* |
| **General Description of the work / tasks to be performed & its connection to helping the family unit?** |
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| **What time frame do you plan to complete these tasks? Explain how the 30 – 40 hours should be completed.** These tasks / duties should be considered scheduled tasks. Just like we would do in the workplace. For example, if your role is to prepare dinner, what start time do you need to set, when do people need to eat? Try your best to explain in as much detail as possible your plan. |
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| **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**: | |  | | | * Numeracy | | * Writing | | | * Oral Communication | | * Document Use | | | * Working with Others | | * Thinking | | | * Continuous Learning * Reading Text | | * Digital Skills | | |
| **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 | *Teamwork Skills:*   * Working with others * Participating in projects and tasks * Giving and/or receiving feedback * Demonstrating initiative | | *Fundamental Skills:*   * Managing Information * Using Numbers * Thinking, analyzing, and solving problems | *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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Duties** | | **What tasks, chores or duties did you perform during your work experience hours?** | |
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| **Plan** | | **What specific skill(s) you chose to develop as per your Student Training Plan:** | |
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| **Indicate the date of each shift** | | **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 what you learned, and your thoughts on the process.** | |
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**TOTAL NUMBER OF HOURS RECORDED ON THIS JOURNAL: \_\_\_\_\_\_\_\_\_\_**

**Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Student’s Performance Evaluation for Service Volunteering**

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| --- | --- | --- | --- |
| **Student Name** |  | **Grade** |  |
| **Date** |  | **Cell:** |  |
| **Email** |  | | |
| **Type of Volunteering completed** | **Total Hours Completed:** | | |
| **CE Advisor** |  | **\*Supervisor** |  |
| **School** |  | **Phone** |  |

\*Supervisor may be a parent or guardian.

|  |  |  |  |
| --- | --- | --- | --- |
| **Entry Level Employability Skills** | **Always** | **Usually** | **Sometimes** |
| the student shows a positive attitude and is enthusiastic to participate and assist |  |  |  |
| the student is cooperative |  |  |  |
| the student is attentive, listens and follows directions |  |  |  |
| the student was helpful |  |  |  |

**Additional Comments:**

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Overall attitude:  Excellent  Good  Fair  Poor

**\*Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**