

Graduation Transitions COMMUNITY CONNECTIONS THIRTY HOURS OF PAID OR VOLUNTEER WORK EXPERIENCE

Name:						
Date:_		, 20	Grade:	10	11	12
leache	er:					
² lacem	ent information:					
Vame (of company/orga	nization:				
Super\	visor's name:					
Super\	visor's phone:					
		nours in total:				
1011120	0, 00р.0.00					
		YOU MUST COMPLET	E ALL ETVE COTT	DT 4		
		YOU MUST COMPLET	E ALL FIVE CRITE	KIA		
RITE	RIA #1					
Docum	ent participation	in 30 hours or more of <u>\</u>	WORK and/or VOLU	INTEER	experie	ence:
	(required) Sup	ervisor's evaluation (on a	ttached page 4 and	5)		
		tificate, Pay slips, Time l	. •		T4 slips	;
40.TTC	DT 4 #0					
	RIA #2 he the type of w	ork and the tasks/duties	sperformed Give de	etails of	the iob)
		dent description of work				•
	(optional) Jobs	site/event photos, video o	on the job, journal e	entries.		
Toh da	scrintion.					
	•					
RITE	RIA #3					
[denti	•	<i>Ital skills</i> used or develop	•		•	nce.
	(required) com	plete the following self-c	assessment (pages 2	2 and 3)		
CRITE	RIA #4					
[denti	•	<i>management skills</i> used o	•			experienc
	(required) com	plete the following self-c	assessment (pages 2	2 and 3)		
CRITE	RI <i>A #</i> 5					
		s <i>skills</i> used or developed	in your work/volunt	teer exp	perience	
	(required) com	plete the following self-c	assessment (paaes 2	2 and 3)		



STUDENT SELF-EVALUATION OF EMPLOYABILITY SKILLS

4 - excellent 90% (exceeds expectations)

3 - good 75% (consistently meets expectations)

2 - satisfactory 60%(meets minimum expectations)

1 - needs improvement 40% (does not meet expectations)

		P	lease Circle	Bel	low:			
FUN	NDAMENTAL SKILLS (Criteria #3)							Comments:
1)	Communicate							
	a) Read and understand	4	3	2		1	N/A	
	b) Write and speak	4	3	2		1	N/A	
	c) Listen and ask questions	4	3	2		1	N/A	
	d) Use info technology	4	3	2		1	N/A	
2)	Manage information	4	3	2		1	N/A	
	a) Gather & organize info	4	3	2		1		
	b) Analyze & apply knowledge	4	3	2		1		
	-							
3)	Numeracy							
	a) Extract and record numeric data	4	3	2		1	N/A	
	b) Perform calculations	4	3	2		1		
4)	Think and Solve Problems							
	a) Recognize problems that occur	4	3	2		1	N/A	
	b) Identify and apply solutions	4	3	2		1	N/A	
	c) Evaluate effectiveness of decisions	4	3	2		1	N/A	
PER	SONAL MANAGEMENT SKILLS (C	riter	ia #4)					
5)	Positive Attitudes & Behaviours							
	a) Self-esteem & confidence	4	3	2		1	N/A	
	b) Honesty, integrity & ethics	4	3	2		1	N/A	
	c) Appropriate grooming & attire	4	3	2		1	N/A	
	d) Independent & resourceful	4	3	2		1	N/A	
6)	Responsibility							
	a) Balance work & personal life	4	3	2		1	N/A	
	b) Punctuality & attendance	4	3	2		1		
	c) Accountable & reliable	4	3	2		1	N/A	
7)	Adaptability							
	a) Adjust readily to change	4	3	2		1	N/A	
	b) Ability to multitask	4	3	2		1	N/A	
8)	Learn continuously							
	a) Set learning goals	4	3	2		1	N/A	
	b) Keen to learn new things	4	3	2		1	N/A	
	_							
9)	Work Safely							
	a) Follow safe work practices	4	3	2		1	N/A	

(continued over)

Handsworth Secondary School 1044 Edgewood Road, North Vancouver, BC V7R 1Y7 Ph: 604-903-3600 Fax: 604-903-3601



		VORK SKILLS (Criteria #5)						
10)		rk with others Respect individual differences	1	3	2	1	N1/4	
		Accept constructive feedback		3			N/A	
		Skill to be a team member.	4	3				
	•							
11)		ticipate in Projects & Tasks		_	_			
		Use of appropriate tools & tech		3				
		Operation of equipment Treat equipment with care	4 4	3		1 1		
						1	IN/ A	
12.	Do y	ou think you are suited to this c	areer	pathv	vay?			
		Yes. Why?						
		No. Why not?						
you	ı fee	fy the most useful skills you fel these particular skills are/unental skills:	will be	e use	ful for	you.		
_ Per	son	al management skills:						
_								
Te	amw	ork skills:						
_								
Wo	ould	you participate in this activit	y/eve	ent ag	gain? W	hy or wl	ny not? E	xplain
_								
Ad —	ditio	onal reflections/observations						
_								
C	rite	ria completed: #1 #2	#	# 3	#4	#5		
Te	ache	er's signature:						
Da	te:							



SUPERVISOR/EMPLOYER EVALUATION

Stu	uden	it's Name:							
Nu	mbe	r of Hours completed:							
Cor	npar	ny Name:							
Su	perv	isor's Name:							
Su	perv	isor's Phone number:							
		4 = excellent 9	0%	(exceed	ls expec	tations))		
			5%		•		pectation	s)	
		2 = satisfactory 6		•	•			-,	
		1 = needs improvement 4				•	ectation	s)	
				Please circ	cle belov	v			
FUI	NDA	MENTAL SKILLS							
2)		nmunicate						COMMENT	
	a)	Read and understand	4	3	2	1	N/A		
		Write and speak	4	3	2	1	N/A		
		Listen and ask questions	4	3	2	1			
	d)	Use info technology	4	3	2	1	N/A		
12)		nage information	4	3	2	1			
	a)	Gather & organize info	4	3	2	1	N/A		
	b)	Analyze & apply knowledge	4	3	2	1	N/A		
13)		meracy							
	•	Extract & record numeric data	4	3	2	1	N/A		
	b)	Perform calculations	4	3	2	1	N/A		
14)	Thi	nk and Solve Problems							
		Recognize problems that occur	4	3	2	1			
	-	Identify and apply solutions	4	3	2				
	c)	Evaluate effectiveness of decisions	s 4	3	2	1	N/A		
		NAL MANAGEMENT SKILLS							
15)		itive Attitudes & Behaviours							
	a)	Self-esteem & confidence	4	3	2	1	N/A		
	b)	, , , , ,	4	3	2	1	N/A		
	c)	Appropriate grooming & attire	4	3	2	1	N/A		
	d)	Independent & resourceful	4	3	2	1	N/A		
16)		ponsibility							
		Balance work & personal life	4	3	2	1	N/A		
	-	Punctuality & attendance	4	3	2	1			
	(۲	Accountable & reliable	4	3	2	1	NI/A		



17) Adaptability						
 a) Adjust readily to change 	4	3	2	1	N/A	
b) Ability to multitask	4	3	2	1	N/A	
,						
18) Learn continuously						
a) Set learning goals	4	3	2	1	N/A	
b) Keen to learn new things	4	3	2	1		
, J						
19) Work Safely						
a) Follow safe work practices	4	3	2	1	N/A	
TEAMWORK SKILLS						
20) Work with others						
a) Respect individual differences	4	3	2	1	N/A	
b) Accept constructive feedback		3	2	1	N/A	
c) Skill to be a team member	4	3	2	1	N/A	
,						
21) Participate in Projects & Tasks						
a) Use of appropriate tools & tecl	ո 4	3	2	1	N/A	
b) Operation of equipment	4	3	2	1	N/A	
c) Treat equipment with care	4	3	2	1	N/A	
ADDITIONAL COMMENTS: (Please include strengths and areas for	improve	ment)				
						
						
						
SUPERVISOR/FMPLOVER'S STGNATUDE						
SUPERVISOR/EMPLOYER'S SIGNATURE:			, , , , , , , , , , , , , , , , , , , 			

^{*}Please return this form to the student who will submit it as part of their Graduation Transitions requirements*