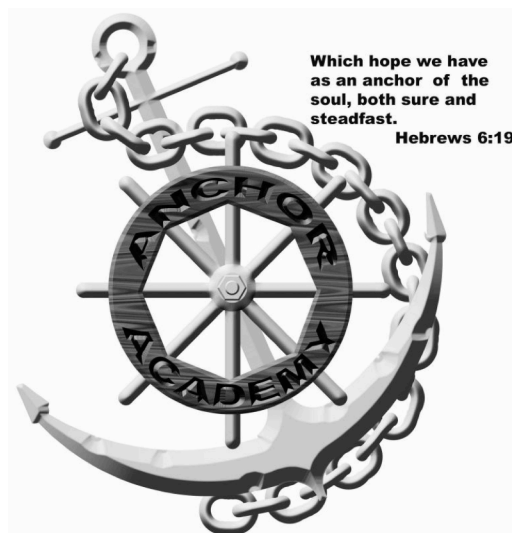


# ***WORK EXPERIENCE HANDBOOK***



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# Program Overview

Work Experience is a program where students combine school studies with a work placement in the community. Students learn through participation in the tasks that are normally performed in the day-to-day operation of the work site. Students in Work Experience placements spend a minimum of 100 hours on the job. The days and times a student is available varies with each unique placement. A schedule satisfactory to the supervisor and student must be agreed upon.

1. **Parent Consent Form** - Fill in and submit to Work Experience (WEX) teacher prior to starting work placement.
2. **Program Placement Agreement** - Fill in, get signatures and submit to WEX teacher prior to starting work placement.
3. **Employer Checklist** to be given to the employer.
4. **Oath of Confidentiality** - Fill in, get signatures and submit to WEX teacher. Send a copy to employer prior to start date.
5. **Student Information Form** - Fill in and submit to employer and send a copy to WEX teacher before start date.
6. **Pre-Placement Worksheet** - Discuss with your Supervisor, fill in and submit to your WEX teacher.
7. **Training Plan** - Fill in this form in consultation with employer and WEX teacher. The training plan is a list of goals (activities and tasks) the student will be involved with while in the work placement. Submit a copy to employer and WEX teacher.
8. **Daily Log** - Photo copy several sheets. After each shift record the number of hours worked and tasks performed.
9. **Work Experience Journal** - Photo copy several sheets. Record any thoughts, impressions, questions, and any observations you had during each shift. Submit this form to the WEX teacher immediately after the 5th day of work.
10. **Employer Evaluation of the Student Employee** - Give this Interim form to your employer at the beginning of your work placement. The employer will record students progress after after completion of each 30 hour period. This form must be submitted to the Work Experience teacher after being filled in.
11. **Student Evaluation** - Fill in this form after the first 30 hours, after the second 30 hours and again in the end of the work placement. Submit to WEX teacher each time.
12. **Employer's Final Evaluation** - Give this form to your employer at the beginning of your work placement. The employer will fill our and submit the final evaluation to the Work Experience teacher after the student has completed 100 hours of work. It is expected that the employer will discuss the final evaluation with the student.
13. **Post Work Experience Placement Worksheet** - Fill in this form and send to your WEX teacher or set up time for interview to answer these questions.

# ANCHOR ACADEMY

Box 3015, Salmon Arm, B.C. V1E 4R8

Phone: 1-888-917-3783, local: (250)832-2754, Fax: (250)832-4379

## PARENT CONSENT FORM

To: WEX Teacher of *Anchor Academy*

Re: \_\_\_\_\_  
Student's Name

Birthdate: \_\_\_\_\_

Home Phone: \_(\_\_\_\_)\_\_\_\_\_

I hereby give my consent for my son/daughter who is 15 years or older, to participate in work experience and/or observation as arranged by the Academy. He/she will be responsible for transportation and attendance involved in this educational experience.

I understand that pay is not necessarily involved but that there is protection under the Worker's Compensation Act. If there is no compensation you must get union approval where organized labor is involved.

I also understand that a formal Work Experience agreement will be presented to me for my signature prior to the commencement of the work placement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent /Guardian Signature

### FOR EMERGENCY USE ONLY:

Family Doctor \_\_\_\_\_

Phone Number of Family Doctor \_\_\_\_\_

# Program Placement Agreement

PARTIES TO THE AGREEMENT:

PLEASE READ THIS IMPORTANT DOCUMENT CAREFULLY

**Between: Anchor Academy**  
**Box 3015, Salmon Arm, B.C. V1E 4R8**  
**Phone: 1.888.917.3783, local: 250.832.2754, fax: 250.832.4379**

**and**

Name of Student: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Address and Phone No. if different from student's \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**and**

Name of Work Site Employer (WSE): \_\_\_\_\_ Employer's Phone No.: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ Employer's Fax No.: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Company Contact Person: \_\_\_\_\_

The parties agree to a work experience placement (the "work experience placement") for the Student with the Work Site Employer (the WSE) on the following terms and conditions:

**1) Term of this Agreement**

This agreement will be in effect from \_\_\_\_\_ until \_\_\_\_\_ unless it is ended at an earlier time.

**2) Student Duties**

The Student agrees to perform without payment therefore those duties assigned to the Student from time to time by the WSE. The Student agrees to comply with the WSE's rules and safety regulations.

**3) Days and Hours of the Work Experience Placement**

The student agrees to perform these duties as assigned by the WSE in accordance with paragraph 2 on the days and during the hours indicated: Day(s): \_\_\_\_\_ Hours: \_\_\_\_\_ or at such other times, in writing, as maybe agreed by the WSE, Academy and Student. Note: if the Student is employed by the WSE beyond the days and hours the WSE, School and Student, none of the provisions of this agreement apply.

**4) Supervision**

The Student agrees to be under direct supervision of the Work Site Employer and the Work Site Employer agrees to supervise the Student, at all times during the work experience placement.

**5) Site and Safety Orientation**

The WSE will provide to the Student specific worksite safety training and will not permit the Student to perform any duties unless the Student has all the safety equipment required for the tasks to be performed by the Student.

**6) Anchor Academy Access**

The WSE agrees to allow Academy representatives to have access at any time to the WSE work site and the Student, provided necessary precautions are taken.

**7) Transportation**

The Parties agree that the parent(s) or guardian(s) and the Student are solely responsible for the Student's transportation to and from WSE's work site, except \_\_\_\_\_ (if no exception, complete by writing "not applicable". If Academy or WSE transportation will be provided, describe in detail.

**8) Evaluation**

When requested by the Academy, the WSE will evaluate the Student's duties, report that evaluation in the form required by the Academy and consult with Academy representatives about the evaluation.

**9) Workers' Compensation Act Injury Coverage**

Students in a work experience placement at a standard work site are covered by the Workers' Compensation Act and considered to be workers of the Government of the Province of British Columbia for Workers' Compensation Act purposes only. Coverage is limited by the terms and conditions set out in the minutes of the Workers' Compensation Board dated August 3, 1995,

**10) Notice of Injury**

The WSE will, if a student is injured, immediately report the occurrence of injury to the Academy by contacting \_\_\_\_\_  
(Insert Name, Position, and Title) at \_\_\_\_\_ (Insert Telephone/Fax Numbers).

**11) Indemnity**

The Board agrees to indemnify and hold harmless the Work Site Employer, its employees and agents from any and all claims, demands, actions and costs whatsoever that may arise out of the negligent acts or omissions of the Board, the Board's employees and the Student, in their performance of this agreement, unless such negligent acts or omissions are at the direction of or occasioned by the Work Site Employer, its employees or agents.

The Work Site Employer agrees that it will not require the Student to perform any task unless such task might reasonably be expected to be within the scope of the Student's training and abilities.

**12) Insurance**

The Board shall maintain liability coverage to protect the Board, the Board's employees, and the Student during their performance of this agreement.

The Board will not be responsible for any loss or damage to the Work Site Employer's property unless such loss or damage is due to the willful acts or omissions of the Student or is caused by the Student acting outside the Student's authorized duties.

**13) Minimum Age**

The parent(s) or guardian(s) of the Student warrant that the Student is \_\_\_\_\_ \* years of age or older at the date of the Agreement (\*A student must be at least 15 years of age to participate in a work experience placement).

**14) Effect on Employees**

The WSE agrees that the placement of the Student will not affect the job security of any employee of the WSE and will not affect WSE's hiring practices. The placement of the Student will be in addition to the WSE's full complement of employees. The Student will not be a replacement for any employees.

**15) Termination**

Any party to this Agreement may end it at any time by giving notice in writing to all other parties at the addresses given in this agreement.

**16) Reference**

In this agreement a reference to *Anchor Academy* includes *Anchor Academy* employees or representatives acting within the scope of their employment.

**17) Confidentiality**

All parties agree to maintain in the strictest confidence, information that comes to their knowledge during the work experience.

**Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_ (Name: \_\_\_\_\_)  
Print

Parent: \_\_\_\_\_ Date: \_\_\_\_\_ (Name: \_\_\_\_\_)  
Print

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ (Name: \_\_\_\_\_)  
Print  
(Signature indicates procedures completed according to Handbook for Work Placements)

Principal: \_\_\_\_\_ Date: \_\_\_\_\_ (Name: \_\_\_\_\_)  
Print

Employer: \_\_\_\_\_ Date: \_\_\_\_\_ (Name: \_\_\_\_\_)  
Print

# **EMPLOYER CHECK LIST FOR WORK EXPERIENCE**

1. **Forms Employer will receive:**
  - a. Oath of Confidentiality
  - b. Student Information
  
2. **Forms needing to be completed prior to start date:**
  - a. Program Placement Agreement Training Plan
  
3. **Forms to be filled out during work placement:**
  - a) Employment Evaluation of Student Employee (Interim)
    - ⇒ This must be completed after each 30 hour block of time the student has worked.
    - ⇒ Must be discussed with student.
  - b) Employers Final Evaluation
    - ⇒ Filled in after 100 hours
    - ⇒ Must be discussed with student

**The supervising teacher is Lana Gotzy.**

Phone: 1-877-224-7670

Email: [lane.gotzy@ark.net](mailto:lane.gotzy@ark.net)

# ANCHOR ACADEMY

Box 3015, Salmon Arm, B.C. V1E 2J3

Phone: 1-888-917-3783, local: (250)832-2754, Fax: (250) 832-4379

## OATH OF CONFIDENTIALITY

**ORIGINAL TO BE RETAINED AT *ANCHOR ACADEMY* AND A COPY TO BE FORWARDED TO PARENTS AND EMPLOYER.**

As a condition of the Work Experience Program allowing me to carry out “on the job” training, for a period of \_\_\_\_\_, I understand and agree:

- a) That I must conform to all orders, rules and regulations of

\_\_\_\_\_ and understand and realize that the  
Name of Employer

violation by me of any of the said orders, rules and regulations may result in cessation of my training.

- b) That I must at all times - even after ceasing my training with the company - maintain confidentiality with regard to the company’s business and the business of its customers, and that, unless authorized, I must not make public any information relative to this company.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# ANCHOR ACADEMY

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## STUDENT INFORMATION FORM

PLEASE PRINT:

THIS WILL INTRODUCE YOU TO: \_\_\_\_\_

AGE: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

WHILE ON WORK EXPERIENCE WITH YOUR COMPANY, STUDENT IS:

- covered by WCB through the Ministry of Education - Independent Branch
- responsible to *Anchor Academy* for his/her behaviour, punctuality, attendance, attitudes and general performance.
- able to receive pay for Work Experience
- required to inform YOU and *ANCHOR ACADEMY* of any day he/she is unable to report for work.

IF THE STUDENT RECEIVES INJURY, TELEPHONE IMMEDIATELY TO:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE REPORT TO *ANCHOR ACADEMY* IMMEDIATELY IF THE STUDENT:

- is absent from work without prior permission;
- disobeys or ignores company rule or regulations;
- or is not desired as a work experience participant.

**The supervising teacher is Lana Gotzy:**

**Phone: 1-877-224-7670 Email: [lane.gotzy@ark.net](mailto:lane.gotzy@ark.net)**

# **ANCHOR ACADEMY**

Box 3015, Salmon Arm, B.C. V1E 2J3

Phone: 1-888-917-3783, local: (250)832-2754, Fax: (250) 832-4379

## **WORK EXPERIENCE PRE PLACEMENT WORKSHEET**

### **SAFETY QUESTIONS FOR STUDENTS TO ASK THEIR SUPERVISOR**

In addition to the work site orientation, students are to ask their work site supervisor about workplace safety. Fill in the answers to this page and submit it.

1. What are the potential dangers of my job and how will I be protected from these dangers?
2. Are there any hazards (such as noise or chemicals) that I should know about, and what are the appropriate steps to take to avoid these hazards?
3. What site-specific safety orientation and training will I receive before I start work?
4. Is there any safety gear that I am expected to wear, and who is responsible for providing the gear?
5. Will I be trained in emergency procedures for things like fire or chemical spills?
6. Where are the fire extinguishers, first aid kits, and other emergency equipment located?
7. What are my workplace health and safety responsibilities?
8. Who do I talk to if I have a workplace health or safety question?
9. What is the procedure if I am injured on the work site?
10. Who is the first aid attendant? How do I contact the attendant?

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## **TRAINING PLAN**

Name of Student: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

### **GOALS OF WORK EXPERIENCE:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Assessed through evaluation form.

Box 3015, Salmon Arm, B.C. V1E 2J3  
Phone: 1-888-917-3783, local: (250)832-2754, Fax: (250) 832-4379

<b>Student's Daily Time Sheet ~ Student's Name:</b> _____		
<b>Employer:</b>	<b>Starting Date:</b>	<b>Finishing Date:</b>

[illegible]

# ANCHOR ACADEMY

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## WORK EXPERIENCE JOURNAL

Student Name: \_\_\_\_\_ Dates from: \_\_\_\_\_ to \_\_\_\_\_

Job Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Give your impressions of the entire day. What questions were asked? What new information did you learn? What did you observe? What were your duties today?

Day 1

Day 2

Day 3

Day 4

Day 5

# ANCHOR ACADEMY

Box 3015, Salmon Arm, B.C. V1E 2J3

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## EMPLOYER EVALUATION OF STUDENT EMPLOYEE (INTERIM 1)

\* Submit to WEX Teacher

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

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

The individual in the best position to evaluate the student's participation, observations and attitude should complete this form. Your assistance and support of the Work Experience Program is greatly appreciated.

### INTEREST IN WORK

- |  |  |
|--|--|
| <input type="checkbox"/> Very enthusiastic | <input type="checkbox"/> Occasionally enthusiastic |
| <input type="checkbox"/> Average interest  | <input type="checkbox"/> Little interest in work   |

### ABILITY TO LEARN

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Quick to learn | <input type="checkbox"/> Average   |
| <input type="checkbox"/> Slow to Learn  | <input type="checkbox"/> Very slow |

### ACCEPTANCE OF CRITICISM AND SUGGESTIONS

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Appreciative | <input type="checkbox"/> Willing   |
| <input type="checkbox"/> Reluctant    | <input type="checkbox"/> Resentful |

### COMMUNICATION SKILLS

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Very good    | <input type="checkbox"/> Good              |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Needs improvement |

### PUNCTUALITY

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Regular     | <input type="checkbox"/> Irregular     |
| <input type="checkbox"/> Appropriate | <input type="checkbox"/> Inappropriate |

### Comments:

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# ANCHOR ACADEMY

Box 3015, Salmon Arm, B.C. V1E 2J3

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## EMPLOYER EVALUATION OF STUDENT EMPLOYEE (INTERIM 2)

\* Submit to WEX Teacher

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

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

The individual in the best position to evaluate the student's participation, observations and attitude should complete this form. Your assistance and support of the Work Experience Program is greatly appreciated.

### INTEREST IN WORK

- |  |  |
|--|--|
| <input type="checkbox"/> Very enthusiastic | <input type="checkbox"/> Occasionally enthusiastic |
| <input type="checkbox"/> Average interest  | <input type="checkbox"/> Little interest in work   |

### ABILITY TO LEARN

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Quick to learn | <input type="checkbox"/> Average   |
| <input type="checkbox"/> Slow to Learn  | <input type="checkbox"/> Very slow |

### ACCEPTANCE OF CRITICISM AND SUGGESTIONS

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Appreciative | <input type="checkbox"/> Willing   |
| <input type="checkbox"/> Reluctant    | <input type="checkbox"/> Resentful |

### COMMUNICATION SKILLS

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Very good    | <input type="checkbox"/> Good              |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Needs improvement |

### PUNCTUALITY

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Regular     | <input type="checkbox"/> Irregular     |
| <input type="checkbox"/> Appropriate | <input type="checkbox"/> Inappropriate |

### Comments:

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# ANCHOR ACADEMY

Box 3015, Salmon Arm, B.C. V1E 2J3

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## STUDENTS EVALUATION

\* Submit to WEX Teacher

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

Company Name: \_\_\_\_\_

Dates of Work Experience: \_\_\_\_\_

Please circle the following traits as they apply to your work experience.

(0) Not applicable

(1) Poor

(2) Satisfactory

(3) Good

(4) Excellent

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The employer's effort to provide a good work experience was              | 0 | 1 | 2 | 3 | 4 |
| 2. The supervisor's help when needed was                                    | 0 | 1 | 2 | 3 | 4 |
| 3. The variety of assigned tasks was sufficient to make the job interesting | 0 | 1 | 2 | 3 | 4 |
| 4. The working conditions and working atmosphere for this type of work were | 0 | 1 | 2 | 3 | 4 |
| 5. My feeling of acceptance by regular employees was                        | 0 | 1 | 2 | 3 | 4 |
| 6. For an understanding of this occupation, this work experience was        | 0 | 1 | 2 | 3 | 4 |
| 7. I feel the performance of my work was                                    | 0 | 1 | 2 | 3 | 4 |
| 8. What did you like/dislike most of the your experience?                   |   |   |   |   |   |

Are there any other experiences you would like?

Comments:

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## EMPLOYER'S FINAL EVALUATION

\* Submit to WEX Teacher

Student: _____	Date: _____
Employer: _____	Supervisor: _____

The individual in the best position to evaluate the student's job placement experience should complete this evaluation form. Your assistance and support of the Work Experience Program is sincerely appreciated.

Please circle the appropriate number based on the student's work placement:

(if section is not applicable, please leave blank)

5 = excellent    4 = good    3 = satisfactory    2 = needs improvement    1 = unsatisfactory

### WORK PERFORMANCE

(If a 2 or a 1 is given, please explain in the comment section)

#### PERSONAL AND SOCIAL QUALITIES

Comments

Cooperativeness (ability to work with others)	5	4	3	2	1	0	_____
Willingness to accept constructive criticism	5	4	3	2	1	0	_____
Adaptability (to new tasks or situations)	5	4	3	2	1	0	_____
Appearance (appropriate dress & grooming)	5	4	3	2	1	0	_____
Attitude towards job and company	5	4	3	2	1	0	_____
Interest and enthusiasm	5	4	3	2	1	0	_____
Punctuality (arrives on time)	5	4	3	2	1	0	_____
Attendance	5	4	3	2	1	0	_____

#### WORK QUALITIES AND HABITS

Reliability (completes tasks on time)	5	4	3	2	1	0	_____
Industriousness (works hard on assigned tasks)	5	4	3	2	1	0	_____
Initiative (alert, eager to learn)	5	4	3	2	1	0	_____
Ability to follow directions	5	4	3	2	1	0	_____
Performs tasks safely	5	4	3	2	1	0	_____

## EMPLOYER'S FINAL EVALUATION cont.

\* Submit to WEX Teacher

### WORK PERFORMANCE

(If a 2 or a 1 is given, please explain in the comment section)

#### VOCATIONAL SKILLS

Comments

Quatility of work 5 4 3 2 1 0 \_\_\_\_\_

Ability to learn 5 4 3 2 1 0 \_\_\_\_\_

#### COMMUNICATION SKILLS

Verbal (speaks clearly and audibly) 5 4 3 2 1 0 \_\_\_\_\_

Listening (listens carefully and asks questions) 5 4 3 2 1 0 \_\_\_\_\_

Non Verbal (eye contact and body language) 5 4 3 2 1 0 \_\_\_\_\_

Written (writew clearly and legibly) 5 4 3 2 1 0 \_\_\_\_\_

Recommendations for improvement:

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Additional comments:

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**Please discuss this evaluation with the student.**

**THE STUDENT HAS WORKED A MINIMUM OF 100 HOURS AT THIS WORK PLACEMENT.**

**Supervisor's Signature:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

# **ANCHOR ACADEMY**

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## **POST WORK EXPERIENCE PLACEMENT WORKSHEET**

(You can give written answers or set up an interview to speak to these questions)

1. What transferable skills from your in school courses did you use in your work placement?
2. What employment skills did you learn on the worksite that you can apply to a future workplace?
3. Identify a problem that occurred on the worksite and explain how it was resolved. What steps were used?
4. What chosen Focus Area do you have and how did this work placement support your Focus Area?
5. What was a common hazard that you would face at your workplace? How did you prevent an injury in light of this hazard?
6. Explain how this work experience will help you with your future career goals.
7. Were the Training plan's goals for the work experience met? Explain which were and which were not and how.