



**PLEASE NOTE: Student Reflections are required after each NEW placement.**

**Student Information:**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Student # \_\_\_\_\_

WEX12 Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Please check ( ✓ ) the Employability Skills that you practiced during your placement.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**Please list the specific duties/tasks/skills to be performed and developed:**

Basic Duties / Tasks/ Skills	Observed	Performed with Help	Performed Alone
(e.g. Schedule customer appointments in daily calendar)			
1.			
2.			
3.			

**Please list 3 work-place specific skills, tools or pieces of technology that you used during your placement:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Describe how this experience assisted you with planning for the future:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Please return all completed forms to your Work Experience Teacher for marking.  
Missing forms will result in hours not being credited.**