



# WEX12 Training Plan – Paid Work



**WEX12 students MUST complete a Training Plan with their employer PRIOR to completing any paid work hours. Please complete this form IN FULL and submit to your WEX12 Teacher, along with the completed Employer Evaluation, and Student Evaluation forms. You will NOT receive credit for your work hours until ALL forms have been received. Thank you.**

STUDENT: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

WEX12 PROGRAM: \_\_\_\_\_ TEACHER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK DATES: \_\_\_\_\_

**Student Focus Area: (please check  one)**

- Business & Applied Business
- Liberal Arts & Humanities
- Fine Arts, Design & Media
- Science & Applied Science
- Fitness & Recreation
- Tourism, Hospitality & Foods
- Health & Human Services
- Trades & Technology

**Focus Area-Related Courses Taken/Planned:**

<b>Grade 10:</b>	Planning 10,
<b>Grade 11:</b>	
<b>Grade 12:</b>	

**Employer On-Site Safety Orientation Provided:**  YES  NO

**Days/Hours to be worked (Dates MUST occur in the future):** \_\_\_\_\_

**Outline (Please provide a general description of the work to be performed during the work experience placement):**

**Duties/Tasks: (Please list 2 specific duties/tasks to be performed, and the workplace-specific skills to be developed)**

DUTIES/TASKS/SKILLS:	OBSERVED	PERFORMED WITH HELP	PERFORMED ALONE
(e.g. Schedule customer appointments in daily calendar)		✓	

**Employability Skills: (Please check  the employability skills to be practiced)**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Communication   | <input type="checkbox"/> Positive Attitude    | <input type="checkbox"/> Working with Others | <input type="checkbox"/> Information Mgmt.    |
| <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 Mgmt. |

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

\_\_\_\_\_  
Employer Signature

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

\_\_\_\_\_  
WEX12 Teacher Signature

*Please return the completed form to your WEX12 Teacher. Good luck with your future!*