

Work Experience Forms



Our Lady Mount Pleasant School

OCE Coordinator: Kevin Elliot
Phone: (780) 672-2975 (school)



Kevin Elliot - Off-Campus Education Coordinator

Our Lady of Mount Pleasant School

School: (780) 672-2975 Fax: (780) 672-4747

Email: kevin.elliott@eics.ab.ca

Dear Sir/Madam;

Thank you for becoming an integral part of our Off-Campus program at OLMP School. We appreciate your time and effort for the benefit of our students.

Please **keep for your records** the following documents:

- ☐ Employer Responsibilities
- ☐ Student/Employee Responsibilities
- ☐ Worksite Inspection Sheet

Please return to OLMP the following documents:

- ☐ Evaluation of Student [**1 for every 75-125 hours**]
- ☐ Employer Program Evaluation [End of placement]

Should the student be injured on the worksite, *please contact me immediately*. Should the student miss work due to injury, please fill out a WBC Employer's report, however **leave the WCB account # blank**. I will fill this out when picking up any necessary documents.

Should any concerns with the student arise at any time, due to work habits or otherwise please contact me immediately. I would be happy to help – see my contact information at the top of each page.

Thank you again for helping OLMP students develop work experience skills. Your participation in our program is much appreciated!

Kind regards,

Kevin Elliot

OLMP School



ELK ISLAND
CATHOLIC SCHOOLS

Seeing Christ in Everyone

Off-Campus Education

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Responsibilities of the Employer /Workplace Supervisor

1. Provide an opportunity for the student to experience your hiring process and a “new employee orientation” informing the student of the performance expectations and safety regulations and protocols.
2. Provide adequate training for any equipment, tools or machinery that will be used by the student. Acknowledge the student’s “Right of Refusal” to any task the student considers unsafe or that he or she feels ill-prepared to undertake.
3. Provide supervision for the student, preferably a “job shadowing” situation until some basic routines are established.
4. Assist the students at the work site to do meaningful work according to their capabilities.
5. Ensure the worksite is “Occupational Health and Safety Act” compliant.
6. **The on-site instructor / supervisor shall be designated as the person who has primary responsibility for the students’ health and safety while they are at the work station or work site.**
7. Follow the “Off Campus Injury Protocol” in reporting any accident or injury involving the student on the work site. Contact the Off-Campus Education Coordinator within 48 hours.
8. Report any on-going attendance problem to the Off-Campus Education Coordinator. The student may work between **7:00 a.m.** and **10:00 p.m.** on days agreed upon by the student (Parent/Guardian if applicable) and the workstation supervisor.
9. Offer comments and sign the student’s time sheet on a monthly basis before it is turned into the Off-Campus Education Coordinator.
10. Provide an evaluation of the student’s work habits and job performance skills (final evaluations required).
11. Will your business pay?

1. Regular wage_____ 2. Hourly rate_____ 3. Honorarium_____

4. No Wage _____

Employer / Workplace Supervisor
(Please Print)

Signature

Date

We appreciate your support of the Off-Campus Education Program

Responsibilities of the Off-Campus Education Student

To be eligible for an Off-Campus Education placement, the student must have completed the HCS 3000(Workplace Safety Systems) course and all registration documents. HCS 3010 (Workplace Safety Practices) and CTR 1010 (Job Preparation) are also recommended modules for Off-Campus Education. AG 3000 is the pre-requisite for the Green Certificate Program.

1. The student should recognize this learning experience as an opportunity to establish his/her credibility as a good worker. Employment experience, an employer reference, and high school credits are the rewards of this program. RAP students will also register hours towards their apprenticeship program.
2. As expected in any employment situation, the student must notify their supervisor of an absence prior to **every** occurrence.
3. **If the courtesy of reporting an absence is neglected, the off-campus contract may be terminated.**
4. The student recognizes the need for adequate training for any equipment, tools or machinery for student/employee use. The student understands their "Right of Refusal" to any task considered unsafe or when the student feels ill prepared to undertake an assigned task.
5. The student will recognize and respect the confidentiality of the workstation. Matters that pertain only to the workstation and staff will not be discussed outside the workstation. Genuine concerns regarding the workstation will only be discussed with the Off-Campus Education Coordinator.
6. If the student encounters an accident or injury while at the workstation, it **must** be reported immediately to the supervisor and then to the Off-Campus Education Coordinator.
7. The student accepts responsibility to maintain accurate and detailed "Time Sheets" or other Off-Campus Education documents as required.
8. The student accepts responsibility for transportation to and from the workstation.
9. Attendance and school work in other classes must not be affected by Off-Campus Education courses.

OFF-CAMPUS EDUCATION

WORK SITE/WORK STATION INSPECTION CHECKLIST *Part 2*

All checklist questions must be acceptable prior to approving this work site.		Acceptable	Needs Improvement	Not Acceptable																								
1	Who will provide onsite supervision and job-related training for the student? Name/position of supervisor:																											
2	Will job-related health and safety training and orientation be provided to the student? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
3	Is the student expected to wear any personal protective equipment (PPE)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Employer</td> <td style="text-align: center;">Student</td> </tr> <tr> <td>Hearing protection</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Eye protection</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Footwear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Headwear</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Gloves</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Coveralls/uniform</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Employer	Student	Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	Footwear	<input type="checkbox"/>	<input type="checkbox"/>	Headwear	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Coveralls/uniform	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>			
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4	Is the employer familiar with the process for reporting a student's injury? (Discuss with the employer that the student is an employee of Alberta Education for WCB coverage). Yes <input type="checkbox"/> No <input type="checkbox"/>																											
5	Are there emergency preparedness procedures in place: e.g., fire, spill? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
6	Is a trained first aider available to the student at all times while the student is working? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
7	Are fire extinguishers, first-aid kits maintained and readily available? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
8	Are emergency exit/safety signs clearly visible? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
9	Is emergency eyewash equipment (if necessary) maintained and readily available? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
10	List the most critical potential hazards or dangers of this job; e.g. <input type="checkbox"/> Chemical – exposure to solvents, asbestos, dangerous gases (e.g., carbon monoxide) <input type="checkbox"/> Biological – exposure to moulds, parasites, blood and body fluids <input type="checkbox"/> Ergonomic – lifting heavy or awkward materials; repetitive work <input type="checkbox"/> Physical – manual lifting, exposure to noise, radiation, workplace violence, dangerous machinery, confined spaces <input type="checkbox"/> Psychological/cultural factors – stress, harassment, crude language, gender considerations (e.g., student is the only male/female at the work site). Have these hazards been identified and controlled by the employer? Yes <input type="checkbox"/> No <input type="checkbox"/>																											
11	How will the student be made aware of these hazards/dangers?																											
12	List the tools, materials and equipment the student will be expected to use or handle: <input type="checkbox"/> hand tools <input type="checkbox"/> heavy equipment <input type="checkbox"/> power lift equipment <input type="checkbox"/> vehicle operation <input type="checkbox"/> power tools <input type="checkbox"/> other hazardous machinery: _____ <input type="checkbox"/> other: _____																											
13	Does this work site appear to provide an orderly, well-maintained, safe and caring working and learning environment? Yes <input type="checkbox"/> No <input type="checkbox"/>																											

WORKPLACE SUPERVISOR SIGNATURE: _____
DATE: _____

DESCRIPTION OF EMPLOYABILITY SKILLS

The following is a description of the employability skills appearing on the previous page. Refer to this description for a standardized explanation of what each term means.

Listening skills	Listens to gain information and to understand.
Verbal communication	Understands and speaks the language in which the business is conducted, including proper use of specialized terminology.
Written communication	Writes effectively in the language in which the business is conducted, including proper use of specialized terminology.
Reading comprehension	Reads, understands and uses written materials related to the business, including graphs, charts and displays, if applicable.
Willingness to learn	Shows a positive attitude toward learning and lifelong learning.
Self-esteem and confidence	Shows faith in himself or herself to do the job well. Shows an increasing ability to handle constructive criticism.
Ability to set and obtain goals	Demonstrates an ability to set goals and priorities in work and personal life, and also shows an ability to manage time and other factors to achieve these goals.
Accountability for actions	Assumes responsibility for actions he or she takes, and deals effectively with the consequences.
Personal ethics	Demonstrates honesty and a morality that is consistent with expected behaviour at the workplace, including confidentiality, if required.
Initiative	Demonstrates an ability to begin new tasks when it is appropriate to do so, and shows energy and persistence to get the job done.
Ability to think critically	Sees issues clearly and truly in order to judge them fairly, and acts logically to evaluate situation, solve problems and make decisions.
Uses technology effectively	Is able to learn how to use the technology of the business, and makes appropriate decisions while using it.
Acceptance of change	Demonstrates a positive attitude to change by being flexible and adaptable to new situations.
Creativity	Is able to suggest new or innovative ideas to get the job done when the situation warrants it. Also implies the enterprising entrepreneurial spirit.
Productivity (quality product)	Understands the standards of the workplace, and is able to produce work that meets the standards, including operating within the time constraints of the business.
Performs tasks safely	Wears appropriate safety gear, and acts responsibly and safely toward self and others.
Respectful of diversity	Recognizes and respects people's diversity and individual differences.
Cooperative (is a team player)	Is able to understand and work within the culture of the group and exercise "give and take" to achieve group results.

EMPLOYER EVALUATION OF STUDENT

Student's Name: _____

School: **Our Lady Mount Pleasant School**

Employer: Evaluate this student as you would a novice worker in your employ and make a comment for each section about why you rated the student as you did. A description of each of the employability skills is located on the following page of this form. Not all of these skills will be applicable to all students in all situations. Place N/A beside any one that does not apply.

Employability Skills Ratings	Excellent 5	Good 4	Satis- factory 3	Needs Improve- ment 2	Comments
Listening skills					
Verbal Communication					
Written communication					
Reading comprehension					
Willingness to learn					
Self-esteem and confidence					
Ability to set and obtain goals					
Accountability for actions					
Personal ethics (honesty, etc.)					
Initiative					
Ability to think critically					
Uses technology effectively					
Acceptance of change					
Creativity					
Productivity (quality product)					
Performs tasks safely					
Respectful of diversity					
Cooperative (is a team player)					

TOTAL OVERALL RATING	Excellent	Good	Satis- factory	Needs Improve- ment	Has this report been discussed with the student? <input type="checkbox"/> YES <input type="checkbox"/> NO
					TOTAL PERCENTAGE: _____

No. of days late: _____ Reason: _____

No. of days absent: _____ Reason: _____

Recommendations for improvement: _____

Comment on the student's suitability for this type of employment: _____

If there were an opportunity for employment, would you consider hiring this student? Yes ☐ No ☐

Student's Signature

Supervisor's Signature