

OFF – CAMPUS EDUCATION LEARNING PLAN

Student Responsibilities and Learning Expectations

Student:		Job Title:
Company Name:		Address Postal Code:
Supervisor (s):		
	Telephone No.:	Fax No.:
	E-mail:	

Student Duties and Responsibilities

Please give a detailed description of the learning outcomes this student will receive or be responsible for at this work site—point form is preferable

1.
2.
3.
4.

What job training and/or safety training has the student completed to date?

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What special training will the student complete in the next _____ hours of work or at the completion of the off-campus education experience?

What **workplace skills, attitudes and knowledge** do you want the student to develop or improve upon during the next _____ hours of work or by the completion of the off-campus education experience?

Skills:
Attitudes:
Knowledge:

Note: Inform the off-campus coordinator if the **major job duties change significantly** during the work experience placement.

Supervisor's
Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Coordinator's
Signature: _____

Date: _____

