Off-Campus Education WORK EXPERIENCE *Student Journal Evaluation Report*

* At least one journal report is required for each credit or 25 hours of Work Experience

NAME	 _
HOURS OF WORK TO DATE	

DATE_____

During my Work Experience course and within my current career planning I am committed to being successful. By evaluating my efforts and learning, I plan to manage my personal goals more effectively.

Within my current work experience placement:

These are the tasks I have been completing in the past 25 hours:

This is what I am **doing well** at work:

This is what I can **improve** on:

These are **new skills, knowledge or tasks** I have learned about : (myself, my work, co-workers, my company, safety) (Please circle one)

Do you have any safety concerns (physical, environmental, psychological) at work? If so, what are they:

Do you recall any "near miss" incidents? Yes / No. If yes, Please describe .

Have you ever had to exercise your safety "Right of Refusal" at work? Yes / No. If yes, please describe.