

WORK- Wo43W Student Name:

Student ID#

Address:

E-mail:

Phone#:

Are you 18 years of age or older? YES

‘ NO ‘

Program

Degree ‘ Diploma ‘ ee

Student Signature:

SECTION 2 – TO BE COMPLETED BY THE ADVISOR / WBL FACULTY COORDINATOR

Semester

Faculty Coordinator:

Forms 14 must be submitted for verification within 2 days of the semester census date

<p style="text-align: center;">ADMINISTRATIVE VERIFICATION</p> <p>‘ Correct Program</p> <p>‘ Registered in Datatel</p>
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# WORKBASED LEARNING (WBL) AGREEMENT

Student Name	_____	Program	_____
Employer	_____	Semester	_____
EmployerAddress	_____	Hours Required	_____



# WORKBASED LEARNING (WBL) JOB DESCRIPTION/LEARNING OBJECTIVES

The job description or learning objectives must align with your program of study and should clearly describe what you intend to accomplish during your WBL term. They will be reviewed by your supervisor, who may suggest changes or additions within the first two weeks of the term, and approved by your WBL instructor.

If you are currently working for your WBL employer, your objectives must include learning new skills or levels of skills beyond what was demonstrated in a previous WBL or job training.

JOB DESCRIPTION (May be attached to the Agreement in lieu of this form)

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## LEARNING OBJECTIVES:

By the end of the term, I will accomplish the following objectives as rated by my supervisor:

1. 

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2. 

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3. 

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4. 

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Student Signature

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Date

I agree with the validity of these objectives and believe they can be reasonable accomplished in the hours required for the student.

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Supervisor Signature

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Date

# WORK BASE EARNING (WBE) EMPLOYER CONSULTATION

Student Name \_\_\_\_\_ Semester \_\_\_\_\_  
Program \_\_\_\_\_

‘ On site    ‘ Telephone    ‘ Other (specify)

Date of Consultation:

Student's performance at this time:

	Unsatisfactory	Satisfactory	Exceptional
Knowledge of subject			
Relations with coworkers			
Attitude toward work			
Reaction to supervision			
Quality of work			
Punctuality			

# WORKBASED LEARNING EMPLOYER'S EVALUATION

Student Name \_\_\_\_\_ Semester \_\_\_\_\_

Program \_\_\_\_\_

Please place a check mark in the space beside the best description of the student's performance in each category below. Please evaluate the student objectively, comparing him/her with other students of comparable academic level or similarly classified jobs.

<p style="text-align: center;"><b>RELATIONS WITH OTHERS</b></p> <p><input type="checkbox"/> Exceptionally well accepted</p> <p><input type="checkbox"/> Works well with others</p> <p><input type="checkbox"/> Gets along satisfactorily</p> <p><input type="checkbox"/> Some difficulty working with others</p> <p><input type="checkbox"/> Works very poorly with others</p>	<p style="text-align: center;"><b>ATTITUDE TOWARD WORK</b></p> <p><input type="checkbox"/> Outstanding enthusiasm</p> <p><input type="checkbox"/> Very interested and industrious</p> <p><input type="checkbox"/> Average in diligence and interest</p> <p><input type="checkbox"/> Somewhat indifferent</p> <p><input type="checkbox"/> Definitely not interested</p>
<p style="text-align: center;"><b>JUDGEMENT</b></p> <p><input type="checkbox"/> Exceptionally mature</p> <p><input type="checkbox"/> Above average in making decisions</p> <p><input type="checkbox"/> Usually makes the right decision</p> <p><input type="checkbox"/> Often uses poor judgment</p> <p><input type="checkbox"/> Consistently uses poor judgment</p>	<p style="text-align: center;"><b>DEPENDABILITY</b></p> <p><input type="checkbox"/> Completely dependable</p> <p><input type="checkbox"/> Above average in dependability</p> <p><input type="checkbox"/> Usually dependable</p> <p><input type="checkbox"/> Sometimes neglectful or careless</p> <p><input type="checkbox"/> Unreliable</p>
<p style="text-align: center;"><b>ABILITY TO LEARN</b></p> <p><input type="checkbox"/> Learns very quickly</p> <p><input type="checkbox"/> Learns readily</p> <p><input type="checkbox"/> Average in learning</p> <p><input type="checkbox"/> Rather slow to learn</p> <p><input type="checkbox"/> Very slow to learn</p>	<p style="text-align: center;"><b>QUALITY OF WORK</b></p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Average</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Very poor</p>
<p style="text-align: center;"><b>ATTENDANCE</b></p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Irregular</p> <p style="text-align: center;"><b>PUNCTUALITY</b></p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Irregular</p>	<p style="text-align: center;"><b>OVERALL PERFORMANCE</b></p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Average</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Very poor</p>

Comments:

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Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

# WORKBASED LEARNING (WBL) TIME REPORT

Student Name \_\_\_\_\_ Semester \_\_\_\_\_

Program \_\_\_\_\_ Hours Required \_\_\_\_\_

Please list clock hours and sum at the end of the week; ex. 4:30-6:00 PM  
 The supervisor's signature must not be dated prior to work listed on this timesheet.

Week of:	Hours								Total Hours for the Week	Supervisor's Initials
Monday Date:	Week#	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
SAMPLE: May 23, 2020	1			2:00-05:00		2:00-7:00			8	THD
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
	Extra									

Total Hours:

I verify this is a true and accurate ~~16~~ hours worked.

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

I approve this statement of work hours.

Supervisor Signature \_\_\_\_\_ DATE \_\_\_\_\_