|  |  |  |
| --- | --- | --- |
| Student Name: | School Contact TelephoneNumber: | Community Site Address: |
| Teacher/Monitor Name: | School Fax Number: | Community Site TelephoneNumber: |
| Community Supervisor Name: | School Address: | Community Site Fax Number:Community Site EmailAddress: |

Student Area of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation Time Frame:

Starting from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# Community Placement Specific Skills/Duties/Tasks

The list of duties/skills for this community site placement was developed in consultation with three clothing retail stores: Store A, Store B, and Store C. These duties were observed or performed alone or with assistance, and these workplace skills were developed. The student has been rated on a score of 1 to 5 to indicate skill proficiency:

* 1 represents no exposure
* 2 indicates exposure only; general information provided but no opportunity to practise
* 3 indicates practised activities, but additional training and practice are required
* 4 represents proficient performance; activities were performed under supervision; however,
 additional training and practice will be beneficial
* 5 indicates superior performance; performs activity independently without supervision
 and has sound understanding of activity

## Skill/Duty Observed Performed with Help Performed Alone Rating

## Examples:

Handling customer X X X 5
payment

Stocking shelves X X X 4

Providing quality X X X 3
customer service

Ordering stock 1

|  |
| --- |
| Community Supervisor Comments: |

|  |
| --- |
| Teacher/Monitor Comments: |

|  |
| --- |
| Student Reflections on the Experience: |

|  |
| --- |
| Future Directions: |

Community Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (date)

Teacher/Monitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (date)

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (date)

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

 (signature) (date)