

Career and Community Experience Evaluation Form—Specific Skills

Student Name:	School Contact Telephone Number:	Community Site Address:
Teacher/Monitor Name:	School Fax Number:	Community Site Telephone Number:
Community Supervisor Name:	School Address:	Community Site Fax Number: Community Site Email Address:

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
<i>Examples:</i>				
Handling customer payment	X	X	X	5
Stocking shelves	X	X	X	4
Providing quality customer service	X	X	X	3
Ordering stock				1

Career and Community Experience Evaluation Form—Specific Skills

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)