|  |  |  |
| --- | --- | --- |
| Student Name: | School Contact Telephone  Number: | Community Site Address: |
| Teacher/Monitor Name: | School Fax Number: | Community Site Telephone  Number: |
| Community Site  (Business Name): | School Address: | Community Site Fax Number:  Community Site Email Address: |

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

Description of employer safety orientation provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Hours to be worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General outline:

*[Description of nature of activities to be performed during the community experience placement (e.g., participate in all facets of working in a clothing retail store, including customer relations, money management, and store inventory)]*

# Community Placement Specific Skills/Duties/Tasks

The following duties will be observed or performed alone or with assistance, and these workplace skills will be developed. The student will also receive a rating on a scale of 1 to 5:

* 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***

Handle customer payments \_\_\_ \_\_\_ \_\_\_ \_\_\_

Provide quality customer service \_\_\_ \_\_\_ \_\_\_ \_\_\_

Stock shelves \_\_\_ \_\_\_ \_\_\_ \_\_\_

Create displays \_\_\_ \_\_\_ \_\_\_ \_\_\_

Handle customer complaints \_\_\_ \_\_\_ \_\_\_ \_\_\_

Demonstrate knowledge of stock \_\_\_ \_\_\_ \_\_\_ \_\_\_

Maintain displays \_\_\_ \_\_\_ \_\_\_ \_\_\_

Price merchandise \_\_\_ \_\_\_ \_\_\_ \_\_\_

Maintain general store \_\_\_ \_\_\_ \_\_\_ \_\_\_

Inventory store stock \_\_\_ \_\_\_ \_\_\_ \_\_\_

Order stock \_\_\_ \_\_\_ \_\_\_ \_\_\_

Follow store policies \_\_\_ \_\_\_ \_\_\_ \_\_\_

*The above list of duties for work site training competencies has been determined in consultation with three retail clothing stores: Swanson, Neroes, and the Den.*

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

***Employability Skills****: Performed Performed N/A*

*with help alone*

The student recognizes and respects people’s diversity,

individual differences, and perspectives. ---- ---- ----

## The student is willing to change preferred way of doing things. ---- ---- ----

The student is able to recognize when something needs

to be done without being told. ---- ---- ----

## The student is able to function effectively under pressure. ---- ---- ----

##### The student is ableto act in accordance with -------- ----

personal and group healthand safety practices.

##### The student is able to make difficult decisions ---- ---- ---- in a timely manner.

## The student is thorough (i.e., complete and accurate) in work. ---- ---- ----

|  |
| --- |
| Additional Community Supervisor Comments*:* |
| Teacher/Monitor Comments: |

**Related Courses Taken/Planned:**

1. in school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. in the community \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By their signatures, the parties below signify their agreement with the terms of the Training Plan above:

|  |  |  |
| --- | --- | --- |
| School: | Student/Parent or Guardian: | Community Site: |
| Contact Name (print):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (student signature) | Contact Name (print) :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (parent/guardian signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (signature) |
| Date: | Date: | Date: |