

STUDENT RESPONSIBILITIES AND EXPECATATIONS FORM Learning for life. Together.

OFF CAMPUS EDUCATION

STUDENT AND	EMPLOYER INFORMATION									
Student Name		Date of Hire	Date of Hire							
Organization Name					Role of Student within Organization					
Supervisor Name	Supervisor Name Supervisor Position			Supervisor Pho	ne Number					
Supervisor Email Add	ress									
Address		Town	Province		Postal Code					
STUDENT DUTIES AND RESPONSIBILITIES Please provide a detailed description of the duties this student will be responsible for at this work site. (Point form is preferable)										
Please provide a detailed description of the duties this student will be responsible for at this work site. (Point form is preferable)										
STUDENT LEAR	NING PLAN									
Anticipated Time for	Student Placement 75 hours	125 hours	250 hours	Other 🔲						
Please list the workplace knowledge, skills and attitudes that the student possesses that enabled him or her to be hired for the position.										
What job or safety training has the student completed to date?										
What special training	will the student complete during the	nis placement?								
Please list the workpl	ace knowledge, skills and attitudes	that the student will be expected	d to develop or improve u	pon during this place	ment.					
NOTE: Please info	orm the School Off Campus Te	acher if the major job dutie	s change significantly	during th <u>e work si</u>	te placement.					
	vide the student with a one- c									
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT: The personal information contained on this form is collected under the authority of Section 32(c) of										

Section 37 of the School Act and will be used for the purposes of verifying attendance and evaluating the performance of students registered in Off Campus Education Student Signature **Employer Signature**

School Off Campus Teacher (NGPS Representative Signature)

Date