

**Worksite Learning**  
**Student Learning Plan and Evaluation**

Student \_\_\_\_\_ School \_\_\_\_\_

Supervisor \_\_\_\_\_ Worksite \_\_\_\_\_

Worksite Phone # \_\_\_\_\_ Job Title \_\_\_\_\_

Job Description \_\_\_\_\_

*Learning Objectives: The following describe specific skills the student is to learn and/or tasks to perform as part of this workplace experience.*

Learning Period: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ WBL Site Supervisor: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please evaluate the student in the following areas:**

**Rating Scale:** 3=Exceeds work place standards, 2=Meets workplace standards, 1=below workplace standards, NA=Not Applicable

LEARNING TASKS/LEARNING OBJECTIVES		3	2	1	NA
1					
2					
3					
4					
5					
SCANS FOUNDATION EVALUATION		3	2	1	NA
BASIC SKILLS					
1	Reading skills for job				
2	Writing skills for job				
3	Math skills for job				
4	Speaking skills for job				
5	Listening skills for job				
6	Technology skills for job				
THINKING SKILLS					
7	Follows job safety and health rules				
8	Follows directions and ask for clarification				
9	Shows good judgment (plans tasks)				
10	Problem solving				
11	Decision making				
PERSONAL QUALITIES					
12	Demonstrates punctuality				
13	Meets attendance standards				
14	Gives timely notice of absences				
15	Maintains appropriate personal hygiene and dress				
16	Cooperates with co-workers				
17	Responds appropriately to supervisors				
18	Demonstrates appropriate work-site behavior				
19	Reacts appropriately to constructive criticism				
20	Completes tasks/assignments on time				
21	Shows initiative (self starter)				
22	Is responsible (business-like attitude)				

Evaluations for cooperative worksite learning WSL will be conducted two times during each transcribed period. Instructional WSL will be evaluated once every 30 hours or six times per 180 hours of enrollment.

**The School District as an educational institution and as an employer does not discriminate on the basis of race, religion, ethnicity, age, disability, sex, marital or veteran status. This is a commitment made by the District in accordance with federal, state, and local laws and regulations.**

WBL Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature\* \_\_\_\_\_ Date \_\_\_\_\_

WBL Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Student's Signature denotes review of the Evaluation