



OFF CAMPUS STUDENT LEARNING PLAN

School: _____ Phone/fax: _____

Date form was completed with employer: _____

This form is to be completed by the student. The workplace supervisor should assist the student with the completion of the information on the second page.

Student: _____ Job Title: _____

Company Name: _____ Company Address: _____

Supervisor (s): _____, _____

Work Phone/Fax: _____ Company Email: _____

Student's Duties and Responsibilities

1. _____
2. _____
3. _____
4. _____
5. _____

*Please describe in as much detail as possible

Student's Learning Plan

What skills etc. did you have that enabled you to be hired? What were you good at before you started your position? Point form is acceptable.

Workplace Skills	
Attitudes	
Knowledge	

What job training and/or safety training has the student completed to date?

What other training will the student complete while working for your company this year and when?

Specific Off-Campus Education Program Outcomes

What **workplace skills, attitudes and knowledge outcomes** do you want the student to develop or improve upon during their employment this year? The student should be able to demonstrate these outcomes at the conclusion of the off-campus education experience. Outcomes can be stated in point form.

Workplace Skills	The student should be able to:
Attitudes	The student should:
Knowledge	The student should know:

Note: Please inform the off-campus education coordinator if the student's major job duties change significantly during the off-campus placement as a new learning plan will need to be developed.

Supervisor Signature: _____ Print Name: _____

Student Signature: _____ Date: _____

Off Campus Coordinator Signature: _____ Date: _____

This form needs to be completed and returned to the Off Campus Coordinator as soon as possible after the student enters the Off Campus program. This form must be completed each year or when a significant job duty change takes place.