

EMPLOYABILITY SKILLS LOG

Student Name: _____

Student Number: _____

Date: _____

Grade: _____

The following options qualify – Please check the appropriate box

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Student Employment | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Ace-It |
| <input type="checkbox"/> Work Experience 11/12 | <input type="checkbox"/> _____ | <input type="checkbox"/> Apprenticeship |

Date of Placement: _____

Hours completed at Placement: _____

Placement (Name of Business): _____

Address: _____ City _____

Postal Code: _____ Phone: () - _____

Contact Person: _____ Position: _____

Signature of Contact Person verifying Placement:

_____ () - _____
Signature Phone Number

(***If unable to get signature, please attach evidence; i.e., pay stubs, work experience evaluation, etc)

All students must complete the questions on the back of this page.

DO NOT USE – FOR OFFICE USE ONLY

Teacher Signature: _____

Date: _____

Remember to submit for marking

Data entered into student records:

To be completed by the student (in point form or sentence):

1. Describe your job.

2. What did you learn?

3. Thinking about your job or volunteer work, name some tasks or employability skills that you have developed that you can use again in future job/career occupations. Consider three or more that you have developed. (See FAQ for help).

4. What employability skills do you still need to enhance or improve?

*Employment skills worksheet following.