

Off-campus Education Student Learning Plan

Student's Name:	Job Title:
	Date:
School Phone/Fax:	School Coordinator:
	t skills & attitudes do you expect the student to bring to the workplace?
	/hat should the student know and be able to do at the end of the work experience?
3. Do you offer any or Orientation Safety Training	f the following Certifications Other (please state) PPE
4. Performance will b Consultation Observation	On-site Tests Other (please state)
5. Comments	Demonstration
Employer Name:	Employer Signature:
	Phone:

Personal information is collected under the authority of the School Act, the Student Record Regulation and Alberta's Freedom of Information and Protection of Privacy Act (FOIP). This information will be used for *enrolling students in Off-campus Education programs*. It will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection or its intended use, contact Off-campus Education, Calgary Board of Education, 1221 8 St SW, 403-817-7518.