### Field Experience Forms

#### Pre-Placement Forms

<table>
<thead>
<tr>
<th>Name of Form</th>
<th>Purpose of Form</th>
<th>To be completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Experience Agreement</td>
<td>For approving field experiences</td>
<td>Faculty</td>
</tr>
<tr>
<td></td>
<td><em>Complete prior to start of field experience</em></td>
<td>√</td>
</tr>
<tr>
<td>Release of Information</td>
<td>To ensure student information is protected</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><em>Complete prior to start of field experience</em></td>
<td></td>
</tr>
<tr>
<td>Risk Assessment &amp; Compliance Agreement</td>
<td>To determine safe work environment and insurance compliance</td>
<td>√</td>
</tr>
<tr>
<td>Intent to Complete International Field Experience</td>
<td>For students considering completing their field experience outside Canada</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><em>Complete prior to last day of Fall Semester</em></td>
<td></td>
</tr>
</tbody>
</table>

#### In-Placement Forms

<table>
<thead>
<tr>
<th>Name of Form</th>
<th>Purpose of Form</th>
<th>To be completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation &amp; Job Safety Review</td>
<td>To guide the orientation and ensuring safe work practices</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><em>Complete of first day of field experience</em></td>
<td></td>
</tr>
<tr>
<td>Confidentiality Agreement</td>
<td>To ensure confidentiality in the workplace</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><em>Complete within 2 days of start of field experience</em></td>
<td></td>
</tr>
<tr>
<td>Site Visit/Check-ins</td>
<td>To guide conversations during site visit/check-ins</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td><em>Complete once throughout field experience</em></td>
<td></td>
</tr>
<tr>
<td>Accident/Incident Report (as required)</td>
<td>To document any accidents and incidents that take place during the field experience</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><em>Complete immediately following accident</em></td>
<td></td>
</tr>
</tbody>
</table>

#### Post-Placement Forms

<table>
<thead>
<tr>
<th>Name of Form</th>
<th>Purpose of Form</th>
<th>To be completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Feedback on Industry Partner</td>
<td>Opportunity to provide feedback on field experience and industry partner</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><em>Complete within 2 days following field experience</em></td>
<td></td>
</tr>
<tr>
<td>Industry Partner Feedback on Student</td>
<td>Opportunity to provide feedback on student performance</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><em>Complete within 2 days following field experience</em></td>
<td></td>
</tr>
<tr>
<td>Reflective Learning Assignment</td>
<td>Guidelines for the reflective learning assignment</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td><em>Complete within 2 days following field experience</em></td>
<td></td>
</tr>
</tbody>
</table>

- Some programs, (mainly Health & Human Services and Marine) may require additional forms. Please confirm with your faculty prior to starting your field experience.
Field Experience Agreement
To be completed by the faculty, student and industry partner prior to the start of the field experience

This agreement is to assist faculty in making an informed decision when approving field experiences. Faculty must consider if the field experience aligns with the program outcomes.

### STUDENT CONTACT INFORMATION (to be completed by Student):

<table>
<thead>
<tr>
<th>Student's Name: _______________________________</th>
<th>Student's Phone #: _____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID: _________________________________</td>
<td>Student's Personal Email: ________________________</td>
</tr>
<tr>
<td>Emergency Contact Name: ______________________</td>
<td>Emergency Contact #: ___________________________</td>
</tr>
<tr>
<td>Campus: _____________________________________</td>
<td>Program: ______________________________________</td>
</tr>
</tbody>
</table>

Indicate whether you are:  
- ☐ Canadian Citizen/Permanent Resident  
- ☐ International Student

☐ I have reviewed NSCC’s Field Experience Student Guide and agree to fulfill the responsibilities as outlined in the resource materials provided (Check box)  
___________________________________________ Date: ________________________________

Student Signature

### FACULTY CONTACT INFORMATION (to be completed by Faculty)

<table>
<thead>
<tr>
<th>Faculty Name: _______________________________</th>
<th>Academic Chair: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email: ______________________________________</td>
<td>Email: ________________________________________</td>
</tr>
<tr>
<td>Phone: ______________________________________</td>
<td>Phone: ________________________________________</td>
</tr>
</tbody>
</table>

### INDUSTRY PARTNER CONTACT INFORMATION (to be completed by Industry Partner):

<table>
<thead>
<tr>
<th>Company Name: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ____________________________________</td>
</tr>
<tr>
<td>Field Experience Supervisor (Name &amp; Title): ________________</td>
</tr>
<tr>
<td>Phone: ______________________________________</td>
</tr>
<tr>
<td>Field Experience Dates: Start (mm/dd/yy) ____________ End (mm/dd/yy) ____________</td>
</tr>
<tr>
<td>Student’s Hours: from: _______ to: _______ # Days per week: _______ Compensation: ______________</td>
</tr>
</tbody>
</table>

Days per Week:  
- ☐ Sun  
- ☐ Mon  
- ☐ Tues  
- ☐ Wed  
- ☐ Thurs  
- ☐ Fri  
- ☐ Sat

☐ We have reviewed NSCC’s Field Experience Industry Partner Guide and agree to fulfill the responsibilities as outlined in the resource materials provided (Check box)  
___________________________________________ Date: ________________________________

Industry Partner Signature

Post-Placement Form
Release of Information  
To be completed by the student prior to the start of the field experience

This form is to ensure the collection, use and disclosure of student information is protected. During the field experience faculty and the industry partner will need to communicate regarding student performance.

STUDENT INFORMATION

Student Name: _______________________________  Student ID: ____________________
Industry Partner: ________________________________________________________________
Faculty Advisor: ________________________________  Campus: _______________________
Field Experience Dates: Start (mm/dd/yy) _______________  End (mm/dd/yy) _______________

INDUSTRY PARTNER TO NSCC AND NSCC TO INDUSTRY PARTNER

The student listed above will be on field experience with the industry partner list above to complete his/her field experience during the dates listed above.

In accordance with the Freedom of Information and Protection of Privacy Act (FOIPOP) and the Personal Information Protection and Electronic Documents Act (PIPEDA), students may be required to have communications and certain information released to parties in order to obtain a credit for a course of the program that they are enrolled.

The Industry Partner is required to complete the Industry Partner Feedback on Student form to be shared with the student and the faculty member. This information becomes a major component in the success of obtaining this credit.

☐ A copy of the signed Release of Information form will be given to the Industry Partner for their files.

SPECIFIC INFORMATION CONSENT

Please indicate the specific information that you will be giving approval for both the Industry Partner and the NSCC Faculty to share by initialing the approximate boxes.

☐ Name  ☐ Contact Information  ☐ Attendance
☐ Job Performance  ☐ Health Conditions  ☐ Other (specify) _______

SIGNATURE

__________________________________        Date: ____________________________
Student

Post-Placement Form
Risk Assessment & Compliance Agreement

To be completed by the employer and student then approved by faculty prior to the start of the field experience.

This risk assessment and compliance agreement is intended to assist with determining if the work site is a safe working environment for students, and ensures the industry partner has appropriate liability insurance.

FIELD EXPERIENCE INFORMATION

<table>
<thead>
<tr>
<th>Student Name: _______________________</th>
<th>Industry Partner: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID: _________________________</td>
<td>On-Site Supervisor: _________________________</td>
</tr>
<tr>
<td>Program: ___________________________</td>
<td>Supervisor email: _________________________</td>
</tr>
<tr>
<td>Faculty Advisor: ____________________</td>
<td>Supervisor Phone: __________________________</td>
</tr>
</tbody>
</table>

RISK ASSESSMENT (to be completed by Industry Partner):

NSCC reserves the right to inspect the workplace at any time prior to or during the field experience with respect to a safe work environment.

Student Responsibilities: (detailed list or attach job posting)

Will the student work with or be exposed to any of the following?

<table>
<thead>
<tr>
<th>Hazardous materials (e.g., chemical, biological) or WHMIS-controlled substances</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical office functions: prolonged sitting, standing, keyboarding, telephone use, etc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Patients/persons/children/youth requiring health services or day-programs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Animals, insects, poisonous or irritant plants</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Working with the public: stores, office settings, hospitality, community events, etc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Working alone: retail, tutoring youth/adults, etc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>General physical labour: lifting, moving, transporting materials, etc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Environmental extremes: hot, cold, dust, dirt in air, exposure to noise, hard terrain, etc.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Working at heights: interior or exterior</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Moving vehicles/mobile equipment</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Power machinery/tools, and/or non-powered hand tools, including kitchen tools</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Environments requiring specialized supervision: e.g., bodies of water, confined spaces, working around firearms/explosives. Check with your board’s community-based learning consultant.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Handling money: community events, store settings, etc.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Pre-Placement Form
Pre-Placement Form

RISK ASSESSMENT COMPLIANCE AGREEMENT:

Describe the control measures students must follow to minimize job hazards (Safe Work Procedures)

Will any personal protective equipment be required for the tasks to be performed? If so, describe.

Additional Comments:

ORIENTATION

Field Experience sites are expected to provide an orientation that includes a walk-through of work area and exits, how to respond in an emergency (e.g., fire, security), how to access first aid, how to use telephone system, etc. This orientation should take place on the first day of the student’s field experience.

Date of field experience site’s orientation for student(s): ____________________________ (DD/MM/YYYY)

SIGNATURES (Original to be filed with Academic Chair):

NSCC students have insurance coverage through the Student Accident Insurance and the Student Insurance Program (SIP). For international students and activities, additional Student Guard insurance for students is mandatory and the cost is covered by the College.

Safety is a core value at NSCC and it is important that our students are in safe working and learning environments while on Field Experience, Co-op, and Internships. NSCC students are covered by various NSCC insurance policies while on field experiences. We do ask that hosts maintain their own liability insurance that is appropriate for their business requirements. $2 million General Commercial Liability is standard.

________________________________________________   Date  __________________________
Industry Partner

________________________________________________   Date  __________________________
Student

________________________________________________   Date  __________________________
Faculty

Pre-Placement Form
# Intent to Complete International Field Experience

*To be completed by the student prior to the last day of classes in the Fall Semester*

This form is for students intending to participate in a field experience outside of Canada. All international field experiences must incorporate measures to protect the well-being of students, manage risks, and support a conducive learning environment.

The completed form must be emailed to [WorkExperience@nscc.ca](mailto:WorkExperience@nscc.ca) and copy your faculty.

## Student Information

<table>
<thead>
<tr>
<th>Student Name: ___________________________</th>
<th>Email Address: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID: ___________________________</td>
<td>Campus: _____________________________</td>
</tr>
<tr>
<td>Program: _____________________________</td>
<td>Academic Chair: _____________________________</td>
</tr>
<tr>
<td>Are you an international student? ☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

## International Details

<table>
<thead>
<tr>
<th>Country of Field Experience?</th>
<th>Industry Partner (if known):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date: __________________</td>
<td>End Date: __________________</td>
</tr>
<tr>
<td>Type of duties?</td>
<td></td>
</tr>
</tbody>
</table>

## Process

- This information will be sent to the NSCC International Office and they will contact you with information on the next steps. Next steps include the following questions:
  - Do you have a valid passport?
  - Are you aware of Global Guard Insurance? ([www.guard.me](http://www.guard.me))
  - Have you completed any associated Visa requirements?
- More information can be found on the NSCC International website [http://international.nscc.ca/](http://international.nscc.ca/)

## Signature

<table>
<thead>
<tr>
<th>________________________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
</tr>
</tbody>
</table>

*Pre-Placement Form*
Orientation and Job Safety Review
To be completed by the industry partner and the student during the first day of the field experience

This form serves as a guide for industry partners and students to assist with establishing clear objectives for the field experience, getting acquainted with the worksite, the organization, duties and responsibilities, and safe work practices.

**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Student Name: ________________________</th>
<th>Industry Partner: _____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID: __________________________</td>
<td>On-Site Supervisor: ____________________________</td>
</tr>
<tr>
<td>Program: ______________________________</td>
<td>Supervisor Phone: ____________________________</td>
</tr>
<tr>
<td>Campus: _______________________________</td>
<td>Faculty Advisor: ______________________________</td>
</tr>
</tbody>
</table>

**ORIENTATION CHECKLIST** (to be completed by Student & Industry Partner)

At the conclusion of the orientation the student should:
- Be familiar with the job description and have a clear understanding of what is expected of them
- Be familiar with the company’s Mission, Vision, Values, Strategic Plan and any relevant business plans
- Be familiar with the company’s organizational structure
- Be familiar with the company’s internal web sites, if applicable
- Feel welcomed, valued, and a productive member of the team

**JOB SAFETY REVIEW** (to be completed by Student & Industry Partner)

At the conclusion of the job safety review the student should:
- Be familiar with, and comply to, the industry partner’s policies, rules, and regulations including OH&S
- Have the tools, equipment and training needed for your job
- Know the physical layout of your work site; including emergency exits and locations of all first aid supplies and fire protection equipment
- Be familiar with any job hazards that may be present
- Have all the personal protective equipment required for the tasks assigned
- I have reviewed our Company Safety Program & Policy with the student on or before the first day of the field experience. Date Reviewed: ____________________________

**SIGNATURES** (Copy to be filed with Academic Chair)

Thank you for allowing our student(s) to participate in a field experience with your organization.

<table>
<thead>
<tr>
<th>Student</th>
<th>Date: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Experience Supervisor</td>
<td>Date: ______________________</td>
</tr>
</tbody>
</table>
Confidentiality Agreement
To be completed by the student and industry partner within two (2) business days from the start of the field experience

This agreement is to ensure confidentiality in the workplace. Confidentiality is imperative to maintaining privacy, security and trust in professional and personal interactions. In situations where sensitive information is shared or accessible, confidentiality is mandatory.

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name: ________________________</th>
<th>Industry Partner: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID: ________________________</td>
<td>On-Site Supervisor: __________________________</td>
</tr>
<tr>
<td>Program: ___________________________</td>
<td>Supervisor Phone: __________________________</td>
</tr>
<tr>
<td>Campus: _____________________________</td>
<td>Faculty Advisor: ___________________________</td>
</tr>
</tbody>
</table>

CONFIDENTIALITY AGREEMENT (to be completed by Student)

I, ______________________________________, agree to hold in confidence all information regarding clients, policies, and work materials that I may acquire or be privy to throughout my field experience with ________________________________________________.

(Industry Partner Name)

It will, however, be necessary to share with my Faculty Advisor general information that is pertinent to my educational experience.

SIGNATURES

_____________________________________________________ Date: ___________________________
Student

_______________________________________________________ Date: ___________________________
On-Site Supervisor
Field Experience Visitation
To be completed by the faculty and industry partner during the field experience
This form is intended to guide conversations during site visits and check-ins between the Faculty and the Industry Partner.

STUDENT INFORMATION

Student Name: _____________________    Industry Partner: __________________________
Student ID: ________________________    On-Site Supervisor: ________________________
Program: __________________________   Supervisor email: __________________________
Campus: __________________________   Supervisor Phone: _________________________

VISITATION/CHECK-IN DETAILS

Date: (month/dd/yyyy)
Interview Conducted: ☐ with the student and supervisor separately
☐ with the student present during the visitation
Visit: ☐ On-site ☐ by phone ☐ Other: _______________________

RELATIONS WITH OTHERS
☐ Works well with others
☐ Gets along satisfactorily
☐ Some difficulty
☐ Works poorly with others

DEPENDABILITY
☐ Completely dependable
☐ Satisfactory
☐ Sometimes neglectful or careless
☐ Unreliable

ABILITY TO LEARN
☐ Exceptional.
☐ Very good, except ______
☐ Satisfactory, but ______
☐ Below average, should_____  ☐ Very slow

ATTITUDE – APPLICATION TO WORK
☐ Very interested and industrious
☐ Satisfactory in diligence and interest
☐ Somewhat indifferent
☐ Definitely not interested

JUDGMENT
☐ Exceptionally good
☐ Above average in making decisions
☐ Usually makes the right decision
☐ Often uses poor judgment

PERSONAL APPEARANCE
☐ Excellent taste in grooming and cleanliness
☐ Above average interest and enthusiasm
☐ Satisfactory amount of interest and enthusiasm
☐ Somewhat indifferent
☐ Definitely no interest or enthusiasm

ATTENDANCE
☐ Regular
☐ Irregular

PUNCTUALITY
☐ Regular
☐ Irregular

OVERALL WORK PERFORMANCE
☐ Outstanding
☐ Very Good
☐ Average
☐ Marginal
☐ Unsatisfactory

STUDENT NEEDS TO IMPROVE ON
(Please check all that apply)
☐ Human Relations
☐ Accepting constructive criticism
☐ Following orders/directions
☐ Use of telephone
☐ Quantity of work
☐ Ability to communicate (written-spoken)
☐ Mathematics ability
☐ Quality of work
☐ Operating equipment
☐ Other

SIGNATURE

_________________________________    ____________________________    __________________________
Faculty          Signature         Date
**Accident/Incident Report**

*To be completed by the student and industry partner the day the incident occurs*

This report is to document any accidents or incidents that occur during a field experience. When an accident occurs, it is important to report the occurrence so action can be taken to ensure similar or more serious incidents do not happen again.

This completed form should be emailed to WorkExperience@nscc.ca or faxed to Work-Integrated Learning at (902) 491-4835. Upon receipt, it will be shared with Faculty, Academic Chair, Principal and the OH&S Office.

Faculty/Academic Chair are then required to complete the Accident/Incident Reporting Form on OurNSCC.

### STUDENT INFORMATION

| Student's Name: ____________________________ | Phone: ____________________________ |
| NSCC Program: ____________________________ | Campus: ____________________________ |
| Email: ____________________________ | Date: ____________________________ |

### INDUSTRY PARTNER INFORMATION

| Supervisor's Name: ____________________________ | Phone: ____________________________ |
| Field Experience Site: ____________________________ | Email: ____________________________ |

### INCIDENT DETAILS

- **Incident Type:**
  - □ Injury/Illness
  - □ Property Damage
  - □ Fire
  - □ Spill
  - □ Other: ____________________________

- **Date of Incident:** ____________________________
- **Time of Incident:** ____________________________

- **Location of Incident:** ____________________________

- **Nature of Injury:** ____________________________

- **Aid Given:**
  - □ On Site
  - □ Doctor's Office
  - □ Hospital
  - □ Other: ____________________________

Details of all damage incurred as a result of the accident/incident *(attach additional pages as required):*

- ____________________________
- ____________________________
- ____________________________

### WITNESSES

| Name: ____________________________ | Phone: ____________________________ |
| Statements Attached: □ Yes □ No |

| Name: ____________________________ | Phone: ____________________________ |
| Statements Attached: □ Yes □ No |

### SIGNATURES

<table>
<thead>
<tr>
<th>____________________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
</tr>
</tbody>
</table>

| ____________________________ | Date: ____________________________ |
| Field Experience Supervisor |                                   |
**Student Feedback on Industry Partner**

*To be completed by the student within two (2) business days following the field experience*

This evaluation provides you with an opportunity to evaluate your field experience and Industry Partner. This information is important for faculty when considering future field experiences.

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name: _____________________</th>
<th>Industry Partner: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID: _______________________</td>
<td>On-Site Supervisor: ____________________________</td>
</tr>
<tr>
<td>Program: _________________________</td>
<td>Supervisor email: _____________________________</td>
</tr>
<tr>
<td>Campus: __________________________</td>
<td>Supervisor Phone: _____________________________</td>
</tr>
</tbody>
</table>

### FEEDBACK

Please rate your experience according to the following criteria by placing a check mark in the appropriate category.

|                                           | High | Good | Average | Poor | Very Poor | No Obser
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Field experience relates to field of study</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adequacy of industry partner supervision</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Helpfulness of job supervisor</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cooperativeness of colleagues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Opportunity to use academic training</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Opportunity to develop human relations skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provisions for levels of responsibilities consistent with student ability and growth</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Opportunity to develop communication skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Opportunity to develop creativity skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Opportunity to solve problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Opportunity to develop critical thinking skills</td>
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<td>☐</td>
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<tr>
<td>Helpfulness of faculty advisor</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Would you want to work for this organization again? ☐ Yes ☐ No

Would you recommend the industry partner to other students in your field? ☐ Yes ☐ No

Did the field experience meet, exceed, or fall below your expectations? ☐ Meet ☐ Exceed ☐ Fall Below
Please give your Industry Partner an OVERALL EVALUATION

☐ Excellent
☐ Above Average
☐ Satisfactory
☐ Below Average
☐ Unsatisfactory

COMMENTS
Please make specific comments to help us in further evaluating your field experience.

SIGNATURE

_______________________________________  _______________________________________
Student             Date
# Industry Partner Feedback on Student

To be completed by the industry partner within two (2) business days following the field experience

This evaluation provides you with an opportunity to provide feedback on student performance. In order for a student to successfully complete their field experience, they must receive a minimum of a “Satisfactory” rating on their overall performance.

## Student Information

<table>
<thead>
<tr>
<th>Student Name: ______________________</th>
<th>Industry Partner: ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID: _________________________</td>
<td>On-Site Supervisor: _____________________________</td>
</tr>
<tr>
<td>Program: ___________________________</td>
<td>Supervisor email: ______________________________</td>
</tr>
<tr>
<td>Campus: ____________________________</td>
<td>Supervisor Phone: _____________________________</td>
</tr>
</tbody>
</table>

## Interest in Work

- High interest in job. Enthusiastic.
- Above average interest and enthusiasm.
- Satisfactory amount of interest and enthusiasm.
- Somewhat indifferent.
- Definitely no interest or enthusiasm.

## Initiative

- Self-starter. Asks for new jobs. Looks for work to do.
- Proceeds independently in most matters.
- Does all assigned work.
- Must be told what to do frequently. Relies on others.

## Organization & Planning

- Does an excellent job of planning and organization work and time.
- Usually organizes work and time effectively.
- Sometimes fails to organize and plan work effectively.
- Disorganized. Fails to plan work effectively.

## Ability to Learn

- Learns work readily.
- Satisfactory in understanding work.
- Rather slow in learning work.
- Very slow in learning work.

## Oral Communication

- Very good
- Satisfactory
- Unsatisfactory

## Written Communication

- Very good
- Satisfactory
- Unsatisfactory

## Quality of Work

- Thorough in performing work. Few errors, if any.
- Usually thorough. Few errors.
- Average. Has normal number of errors.
- More than average number of errors.
- Poor. Often makes errors.

## Quantity of Work

- More than expected amount of productivity.
- Average productivity.
- Below average productivity.
- Low output. Slow.

## Judgement

- Exceptionally mature.
- Very good. Uses common sense.
- Usually good in routine situations.
- Sometimes unreliable. Needs to be checked up on frequently.
- Poor.

## Dependability

- Can be depended upon in any situation.
- Can be depended upon in most situations.
- Dependable in routine situations.
- Somewhat unreliable. Needs to be checked up on frequently.
- Unreliable.

## Interpersonal Skills

- Excellent team worker. Contributes to group relationships & effectiveness.
- Congenial and helpful. Works well with others.
- Sometimes has difficulty working with others.
- Works poorly with others. Has an adverse effect on the group.

## Response to Supervision

- Expresses appreciation and takes action on suggestions and criticism by supervisor.
- Willingly accepts suggestions and criticism.
- Accepts suggestions and criticism in a satisfactory manner.
- Reluctantly accepts suggestions and criticism.
- Resents suggestions and criticism.

## Adaptation to Formal Rules and Policies (including safety guidelines)

- Excellent.
- Above average.
- Adequate.
- Poor. Refuses to recognize formal procedures and rules.

## Attendance

- Regular
- Irregular

## Punctuality

- Regular
- Irregular

## Overall Performance

- Excellent
- Above Average
- Satisfactory
- Below Average
- Unsatisfactory

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*Post-Placement Form*
### What are the student's areas of strength?


### Are there any areas in which the student needs improvement?


### Would you recommend this student to another industry partner? *Why or Why not?*


### If employment were available in the future, would you want this student to return to your company?


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**SIGNATURES**

This feedback is confidential and will only be discussed with the student with your consent. However, we encourage you to discuss this feedback with the student.

I, the undersigned, understand that this information may be shared with the student as appropriate for evaluation purposes.

_____________________________  Date:  ________________________
Field Experience Supervisor

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**Guidelines for Student Reflective Learning Assignment**

*To be completed by the student within two (2) business days following the field experience*
As part of your field experience, you are required to reflect on what you have learned and accomplished during the field experience as part of your course evaluation. This provides an opportunity to explore, examine and understand your thoughts and feelings as they relate to the actions or tasks you perform on-the-job, allowing you to make the link between the concepts learned in class and how you applied them.

By completing a reflective learning assignment, you become more self-aware. It allows you to be critical and honest with yourself as it relates to your work performance. The feedback you receive from your supervisor and other staff may give you insights into how things could be done differently so that you are motivated to improve. Reflective learning can take many different forms. Your Faculty Advisor may ask you to evaluate your learning experience by using one of the following methods:

1. **Self-Assessment**
   - What are the skills that I am developing on the job – analyze using the Conference Board of Canada’s Employability Skills

2. **Peer-Assessment/Debriefing**
   - Get together with other students and discuss the challenges and learning of the workplace

3. **Learning Logs**
   - Journaling around specific questions – what was the significant event of the week – how did I handle it? What did I learn/have reinforced? What did the mentor say?

4. **Critical Incident Diaries**
   - Describe the situation. How did I handle it? What did I learn/have reinforced?

5. **Field Experience Diaries/Logs**
   - Describe the experience in the field. What was significant about it? How did it influence others? How did it influence me?

6. **Personal Development Planners**
   - Set learning goals/outcomes that are measurable and documented

7. **Reflective Commentaries**
   - Read articles related to your field of study during the placement and reflect on them

8. **Action Research**
   - Develop a project during your learning period that contributes to the workplace; complete a specified number of information meetings with people in the field.

9. **Synoptic or ‘Capstone’ Modules**
   - Students & faculty hold a group discussion on challenges, successes and the work performed by each student at their respective. By listening to fellow students you become acquainted with different approaches at a workplace and the various skill sets necessary to succeed.

The reflective learning process consists of thoughtfully considering aspects such as:

- What are we learning?
- How are we learning?
- What are our strengths and weaknesses in the course of learning?
- What are our learning priorities?
- How can we improve upon the learning process?
- How well are we working towards achieving our short or long-term goals?

Be honest with yourself. Examine your experiences in depth while noting what your strengths and weaknesses were in the process. Think positively about moving ahead through the reflective learning process. Consider it a way of developing your abilities to enhance your learning.