

FIELD EXPERIENCE

FORMS GUIDE

Field Experience Forms

Pre-Placement Forms

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

In-Placement Forms

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

Post-Placement Forms

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

- ❖ 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):

Student's Name: _____ Student's Phone #: _____

Student ID: _____ Student's Personal Email: _____

Emergency Contact Name: _____ Emergency Contact #: _____

Campus: _____ Program: _____

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)

Faculty Name: _____ Academic Chair: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

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

Company Name: _____

Address: _____

Field Experience Supervisor (Name & Title): _____

Phone: _____ Email: _____

Field Experience Dates: Start (mm/dd/yy) _____ End (mm/dd/yy) _____

Student's Hours: from: _____ to: _____ # Days per week: _____ Compensation: _____

Hourly wage or other

Days per Week: Sun Mon Tues Wed Thurs Fri Sat

I would like to have contact with Faculty: Weekly Bi-weekly Once a month

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

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.

<input type="checkbox"/>	Name	<input type="checkbox"/>	Contact Information	<input type="checkbox"/>	Attendance
<input type="checkbox"/>	Job Performance	<input type="checkbox"/>	Health Conditions	<input type="checkbox"/>	Other (specify) _____

SIGNATURE

Student

Date: _____

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	
Student Name: _____	Industry Partner: _____
Student ID: _____	On-Site Supervisor: _____
Program: _____	Supervisor email: _____
Faculty Advisor: _____	Supervisor Phone: _____

RISK ASSESSMENT (to be completed by Industry Partner):	
<i>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.</i>	
Student Responsibilities: (detailed list or attach job posting)	
Will the student work with or be exposed to any of the following?	
Hazardous materials (e.g., chemical, biological) or WHMIS-controlled substances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Typical office functions: prolonged sitting, standing, keyboarding, telephone use, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patients/persons/children/youth requiring health services or day-programs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animals, insects, poisonous or irritant plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working with the public: stores, office settings, hospitality, community events, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working alone: retail, tutoring youth/adults, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
General physical labour: lifting, moving, transporting materials, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental extremes: hot, cold, dust, dirt in air, exposure to noise, hard terrain, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working at heights: interior or exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moving vehicles/mobile equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power machinery/tools, and/or non-powered hand tools, including kitchen tools	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environments requiring specialized supervision: e.g., bodies of water, confined spaces, working around firearms/explosives. Check with your board's community-based learning consultant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling money: community events, store settings, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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 and copy your faculty.

STUDENT INFORMATION

Student Name: _____ Email Address: _____

Student ID: _____ Campus: _____

Program: _____ Academic Chair: _____

Are you an international student? Yes No

INTERNATIONAL DETAILS

Country of Field Experience? _____

Industry Partner (if known): _____

Start Date: _____ End Date: _____

Type of duties? _____

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)
 - Have you completed any associated Visa requirements?
- More information can be found on the NSCC International website <http://international.nscC.ca/>

SIGNATURE

Student Date: _____

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

Student Name: _____ Industry Partner: _____
Student ID: _____ On-Site Supervisor: _____
Program: _____ Supervisor Phone: _____
Campus: _____ Faculty Advisor: _____

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.

Student Date: _____

Field Experience Supervisor Date: _____

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

Student Name: _____	Industry Partner: _____
Student ID: _____	On-Site Supervisor: _____
Program: _____	Supervisor Phone: _____
Campus: _____	Faculty Advisor: _____

CONFIDENTIALITY AGREEMENT (to be completed by Student)

I, _____, agree to hold in confidence all information
(Name – print)
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

_____ Student	Date: _____
_____ On-Site Supervisor	Date: _____

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:	<input type="checkbox"/> with the student and supervisor separately
	<input type="checkbox"/> with the student present during the visitation
Visit:	<input type="checkbox"/> On-site <input type="checkbox"/> by phone <input type="checkbox"/> 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@nsc.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

Student Date: _____

Field Experience Supervisor Date: _____

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

Student Name: _____ Industry Partner: _____
 Student ID: _____ On-Site Supervisor: _____
 Program: _____ Supervisor email: _____
 Campus: _____ Supervisor Phone: _____

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 Observation
Field experience relates to field of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of industry partner supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of job supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness of colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to use academic training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to develop human relations skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provisions for levels of responsibilities consistent with student ability and growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to develop communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to develop creativity skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to develop critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of faculty advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Student Name: _____ Industry Partner: _____
 Student ID: _____ On-Site Supervisor: _____
 Program: _____ Supervisor email: _____
 Campus: _____ Supervisor Phone: _____

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 undependable.
- 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

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?

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

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:

Self-Assessment	<ul style="list-style-type: none"> •What are the skills that I am developing on the job – analyze using the Conference Board of Canada’s Employability Skills
Peer-Assessment/ Debriefing	<ul style="list-style-type: none"> •Get together with other students and discuss the challenges and learning of the workplace
Learning Logs	<ul style="list-style-type: none"> •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?
Critical Incident Diaries	<ul style="list-style-type: none"> •Describe the situation. How did I handle it? What did I learn/have reinforced?
Field Experience Diaries/Logs	<ul style="list-style-type: none"> •Describe the experience in the field. What was significant about it? How did it influence others? How did it influence me?
Personal Development Planners	<ul style="list-style-type: none"> •Set learning goals/outcomes that are measurable and documented
Reflective Commentaries	<ul style="list-style-type: none"> •Read articles related to your field of study during the placement and reflect on them
Action Research	<ul style="list-style-type: none"> •Develop a project during your learning period that contributes to the work place; complete a specified number of information meetings with people in the field.
Synoptic or ‘Capstone’ Modules	<ul style="list-style-type: none"> •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.