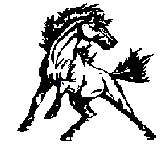
James Monroe High School

Experiential Learning



Introduction

Experiential Learning is a structured quality work-based or service-based experience. It is not a credit bearing course. Experiential learning requires students to apply knowledge and skills from the classroom to work-based or service-based activities. Through experiential learning, students will observe the link between academic instruction and workplace success. They will also gain insight into the daily routine of workplace professionals, while exploring their own career interests. Specific objectives and skill sets will be mastered by the student as a result of the activity.

The skill sets learned through this experience give students the opportunity to integrate theory and practice by interacting with industry professionals. Students will study various requirements for employability including ethics, communication, teamwork and professionalism. Students will participate in hands-on, digital or work-based experiences related to industry settings in order to practice skill sets and to transition from student to employee.

At JMHS, students can participate in the experiential learning course through an internship (paid or unpaid), community service or a job. Students will log at least 100 hours of experiential learning in this program. Students in this program will be scheduled for experiential learning for no more than ½ day and will NOT receive high school credit for the experience. This program is designed for students who on track to graduate and do not require eight high school credits during their senior year.

Eligibility

To be eligible for experential learning, students must:

* be a senior.
* have at least 24 credits and be on track to graduate on time.
* lack fewer than 8 credits regarding high school diploma completion.
* have fewer than 10 unexcused absences during the previous two school terms.
* maintain a good disciplinary record.
* complete a minimum of one hundred hours in the program.
* submit the application packet.
* get approval from JMHS administrator, if extenuating circumstances exist and the student does not meet the requirements above.

Enrollment

To remain enrolled in Experiential Learning, students must:

* Check in or out of school in the main office. Use your full name and Experiential Learning as your reason for checking in/out. You are permitted to use Experiential Learning for the reason for your late arrival or early dismissal only during those blocks when you are scheduled to be off site.
* You must be present at your Experiential Learning site daily. The ONLY exceptions are days when school is closed/cancelled, or you miss school for a valid reason (sick, extracurricular activities, etc.).
* Maintain a daily log of your hours worked. Submit your log each month. This log will be verified with your host by a JMHS administrator or counselor.
* Turn in evaluations at the end of the nine weeks, or other dates indicated on the form.
* Failure to comply with the Experiential Learning agreement, declining grades, attendance issues (at school or your worksite), disciplinary action, poor evaluations and/or failure to submit work logs and monthly evaluations will be cause for dismissal from the program.

Experiential Learning Student Expectations

* Students must have written permission from parent/guardian(s) before they can participate in experiential learning.
* Students should complete all student requirements and follow all guidelines in the Experiential Learning handbook.
* Students MUST maintain good attendance at the experiential learning site throughout the experience. In the event of a required absence, students should inform both the school and the host of the absence.
* All school policies will remain in effect at the experiential learning site. Students who break rules during the experience will be disciplined as if they were at school.
* Students will represent our school in a positive manner. Bad impressions of students leads to bad impressions of the school. Students who make good impressions help the entire school succeed.

Succeeding in the Workplace

Daily Notes for the Experience:

* Introduce Yourself (First Day). Upon arrival, introduce yourself and ask for the person for whom you will be working. Be certain to shake hands with your host while maintaining eye contact.
* Be on time. Plan to arrive at the work/service location 10-15 minutes early. Notify your job shadow host and the school, if you are going to be late or unable to attend.
* Dress Appropriately. Dress should be professional and appropriate to the business you are visiting. If you are uncertain about what to wear, see the guidance office for help.
* Provide your host with the Employer Evaluation form and return envelope at the end of each nine week period.
* Be Respectful. Be Responsible. Be Safe. And Be a Maverick! Remember you are representing yourself, your mentor and the entire school. Throughout the day use good manners, appropriate language and a positive attitude. Use friendly smiles and be enthusiastic about learning. Do not chew gum!
* Positive communication and behavior are key. Listen carefully and observe. Be certain to ask questions. This is a learning experience. Your host will welcome your curiosity.
* Engage with your host. **You should not be on your phone during the experience**. Your host has kindly agreed to partner with you and JMHS for the completion of this experience. Be respectful of this kindness and stay engaged throughout the entire experience.
* Maintain confidentiality. Confidentiality is very important in all jobs. Be certain to follow any confidentiality requirements the business may have. Additionally, you **SHOULD NOT** bring back any form of gossip about the workplace.
* Thank your host. At the end of the experience, remember to shake your supervisor’s hand and thank him/her for their time and for sharing their expertise.

Note: Remember that all school behavior policies remain in effect at all times throughout the entire experience.

Reflecting on your Experience

Upon completion of the Experiential Learning Program, students will:

* Complete the Student Reflection Form. This form will be placed in your student file at school.
* Complete the Experiential Learning Evaluation. This evaluation will be used when considering future Experiential Learning placements. Please provide any information that you believe would be helpful to future students.
* Complete your thank you note. Be certain to address the envelope, but do not seal it. Use the “thank you” letter guidelines for assistance. The letter will be reviewed by the school counseling office before it is mailed.
* Share your experience with your parent/guardian(s), advisor, school counselor and/or friends. Remember, refrain from discussing workplace gossip during these conversations.
* Upon completion of all paperwork, you will be provided a certificate of completion for the Experiential Learning program.

Application for Experiential Learning

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_

Host Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per day:\_\_\_\_\_\_\_\_\_\_\_ Time of day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete 1-5 using complete and detailed paragraphs.

1. Describe student duties and responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe how this opportunity is related to your career plans or area of concentration. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe what you expect to gain from this experience.

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1. If applicable, describe any accreditation or licensure that you may earn from this experience.

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1. If your opportunity is school based list any requirements or expectations of the school. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of meeting with Principal/School Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I acknowledge that the above named student has met the requirements for Experiential Learning, and I have spoken with the host mentor about the program and the above named student. Therefore, I am recommending the student for this program.

Principal/School Counselor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Superintendent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Experiential Learning Permission Form

Experiential Learning is an opportunity and a privilege. Participation in the program is voluntary. We are thankful that professionals in our area are willing to partner with JMHS to provide experiential learning experiences for our students. Experiential Learning is a school activity and students will be required to abide by all JMHS rules while at the host site.

The undersigned understands there is an inherent risk in participating in community and work-based learning activities and agree to hold harmless both the school district and the learning site for any accidents or injuries occurring during placement.

I hereby understand that my son/daughter will be participating in Experiential Learning and assume all risks, hazards and injuries incidental to such participation and do hereby waive, release, absolve and agree to hold harmless the learning/work site and JMHS from any claim arising out of an injury to my child.

I understand that some learning/work sites may include travel. This travel is NOT provided by JMHS but rather by the learning/work site and therefore JMHS will not be liable for their negligent acts.

The parent/guardian and student understand that even though some of these experiences are non-paid, the student may perform work-related activities. School personnel may not have visited the worksite, met the hosts, nor be present when the student is on site.

Transportation is the sole responsibility of the parent or legal guardian. Participation in the program is voluntary. The school is not directly supervising, controlling or providing the student’s transportation.

The undersigned authorizes and directs any medical or surgical care including anesthesia, laboratory x-rays and other procedures necessary in the emergency medical care of the above named minor during the Experiential Learning experience. Every attempt will be made to contact the parent/guardian(s) concerned before any medical/surgical treatment is administered to the student.

I have read and understand the responsibilities and policies involved in the Experiential Learning program.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

I, as parent or legal guardian of the above-named student, hereby agree to the conditions of participation in the Experiential Learning program. I hereby give my permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in an Experiential Learning program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My child requires special considerations for the following requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Legal guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Medical Card

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other important information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contract

The student agrees:

* To be regular in attendance, both in school and on the job.
  + A student unable to attend school is NOT permitted to attend Experiential Learning that same day.
  + Excessive absences from school and work is grounds for removal from the program.
* To perform Experiential Learning assignments or duties in an efficient manner. Lack of effort or falling behind in classroom work (any class) may result in removal from program.
* To show honesty, punctuality, courtesy, a cooperative attitude, proper health and grooming habits, appropriate dress and a willingness to learn and work.
* To conform to the rules and regulations of the host site.
* To furnish school counselors with necessary information about his/her training program and to complete promptly all necessary reports.
  + A daily report of hours worked and duties performed will be filled out and submitted each month.
* To consult the school counselors about any difficulties arising at the host site or related to the program. A STUDENT will not quit the program without approval from a school official.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , will be participating in the Experiential Learning program

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_ to \_\_\_\_\_\_ from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ .

(location) (date) (date) (time) (time)

By signing below I agree to complete all of the requirements of Experience Learning. This includes representing my school in a positive manner and being appreciative of the time and knowledge shared with me by my host and host site. I will keep any information gained about patients, clients or businesses confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Host Contract

The host, recognizing that a training plan is being allowed and that close supervision of the student will be needed, agrees:

* To provide a variety of work experiences for the student that will contribute to the attainment of career objectives.
* To adhere to all Federal and State regulations regarding child labor laws, and other applicable regulation.
* To assist in the evaluation of the student. (Two forms due.)
* To discuss with the student’s school mentor any difficulties the student may be having. A student will not be dismissed from a training site without notifying the school.
* To provide available instructional material and occupational guidance for the student.

By signing below, I agree for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to work with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Student) (Host Site)

as part of his/her regular education training. The work/service experience will be under the guidance of school personnel. The host must follow all laws governing employee-employer relationships and pay workman’s compensation, if applicable. Financial agreement will be worked out between parents, students and employer, when wages are involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Host Signature Date

Thank You Letter

It is important to thank your host for sharing his/her time and expertise with you. The thank you note should not be too lengthy. It should be a short, personal note of thanks. We have thank you notes in the guidance office for your use. Notes can be handwritten in ink, or they can be typed and printed. Thank you notes will be reviewed by the guidance office before they are mailed. Use the guideline and sample letter below to guide you. You should submit a thank you letter to the guidance office within 48 hours of completing the program.

Thank You Guidelines

* Thank your host for the opportunity to do the shadow.
* Describe some of the things you learned as a result of the experience.
* Add any additional comments you have.

Thank You Sample

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

Thank you for working with me and allowing me to complete an Experiential Learning experience with you. The most interesting thing I learned was… I was surprised to learn that… The most beneficial thing I learned was…

This was a valuable experience for me because… (list two or three reasons).

Thanks so much for helping me with my preparation for entering the workforce.

Sincerely,

Your Name

Your School

Student Reflection Form

Personal reflection is an important aspect of any learning experience. Take some time to reflect on your experience by completing this form.

1. Describe the site where you worked. Include the following details: number of employees, building/office layout, noise level, atmosphere (stressful, relaxed, structured, welcoming, etc).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. What kind of work activities did you observe during your experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. What did you like best about the experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. What surprised you about the experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. What did you like least about the experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. What are two specific things you learned about the job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. After completing the experience, would you consider a job in this field? Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. If you are planning to pursue a career in the field of your experience, describe your 5-year plan for entering this job field. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Describe the differences between your expectations and the realities of the responsibilities of those working at your host site. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Experiential Learning Evaluation

This evaluation will be used when considering future Experiential Learning placements. Please provide any information that you believe would be helpful to future students.

Host: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you recommend this placement to other students? Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. What did you enjoy about the experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. What problems, if any, did you encounter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. What could have made the experience better for you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. What do you wish you had known going in to the experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. What was the most interesting thing you learned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Did you have enough time to ask questions? Explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Overall, was the experience helpful to you? Why or why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. What thoughts/information would you like to share with future students? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Experiential Learning Host Evaluation

## To be completed and submitted at the end of each nine weeks.

Thank you for hosting our student in this Experiential Learning experience. Please help us evaluate the experience by completing this form. Your input will help us improve the Experiential Learning program.

Host Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Host Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Student arrives on time YES NO
* Student’s attire is appropriate YES NO
* Student’s attitude is positive YES NO
* Student participates YES NO
* Student is cooperating with others YES NO
* Student behaves in a professional manner YES NO
* Student asks questions related to the experience YES NO
* Student demonstrates interest in the experience YES NO
* Student seems to benefit from the program YES NO
* I would be willing to host another student in the future YES NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tasks completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Were you notified by the student prior to the absence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with any thoughts or ideas you have for improving the experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Please return the completed form using one of the methods listed below.

Mail to – 142 James Monroe Drive Lindside, WV 24951

Email to – mtjones@k12.wv.us or tdransfield@k12.wv.us

Fax to – (304) 753-5184

Daily Log

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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