



**COMMUNITY CONNECTIONS CONFIRMATION**

**North Vancouver Online Learning School**

3365 Mahon Avenue

North Vancouver B.C. V7N 3T7

Tel: (604) 903-3333 Fax: (604) 903-3334

**TO BE FILLED OUT BY THE STUDENT:**

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**NUMBER OF COMPLETED HOURS:** \_\_\_\_\_

**DATE(S)/MONTH HOURS COMPLETED:** \_\_\_\_\_

**NAME OF COMPANY/ ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SPECIFIC JOB OR DUTY PERFORMED:**

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

**COPY/PROOF: DOCUMENTATION OF WORK/ VOLUNTEER/ COMMUNITY EXPERIENCE OR SERVICE**

**(ATTACH TO THIS DOCUMENT):**

LETTER       PAY SLIP       LOG SHEET       THANK YOU CARD

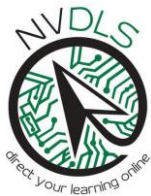
PHOTO       CERTIFICATE       OTHER \_\_\_\_\_

**SUPERVISING ADULT INFORMATION:**

**NAME OF SUPERVISING ADULT:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_



## STUDENT SELF-EVALUATION OF EMPLOYABILITY SKILLS

4 – Excellent (exceeds expectations)  
 3 – Good (consistently meets expectations)  
 2 – Satisfactory (meets minimum expectations)  
 1 – Needs improvement (does not meet expectations)

Student's name: \_\_\_\_\_

### FUNDAMENTAL SKILLS

1. Communicate						
a) Read & understand	4	3	2	1	N/A	_____
b) Write & speak	4	3	2	1	N/A	_____
c) Listen & ask questions	4	3	2	1	N/A	_____
d) Use info technology	4	3	2	1	N/A	_____
2. Manage Information						
a) Gather & organize info	4	3	2	1	N/A	_____
b) Analyze & apply knowledge	4	3	2	1	N/A	_____
3. Numeracy						
a) Extract & record numeric data	4	3	2	1	N/A	_____
b) Perform calculations	4	3	2	1	N/A	_____
4. Think & Solve Problems						
a) Recognize problems that occur	4	3	2	1	N/A	_____
b) Identify & apply solutions	4	3	2	1	N/A	_____
c) Evaluate effectiveness of decisions	4	3	2	1	N/A	_____

### PERSONAL MANAGEMENT SKILLS

5. Positive Attitudes & Behaviours						
a) Self-esteem & confidence	4	3	2	1	N/A	_____
b) Honesty, integrity & ethics	4	3	2	1	N/A	_____
c) Appropriate grooming & attire	4	3	2	1	N/A	_____
d) Independent & resourceful	4	3	2	1	N/A	_____
6. Responsibility						
a) Balance work & personal life	4	3	2	1	N/A	_____
b) Punctuality & attendance	4	3	2	1	N/A	_____
c) Accountable & reliable	4	3	2	1	N/A	_____
7. Adaptability						
a) Adjust readily to change	4	3	2	1	N/A	_____
b) Ability to multitask	4	3	2	1	N/A	_____
8. Learn Continuously						
a) Set learning goals	4	3	2	1	N/A	_____
b) Keen to learn new things	4	3	2	1	N/A	_____
9. Work Safely						
a) Follow safe work practices	4	3	2	1	N/A	_____

### TEAMWORK SKILLS

10. Work with Others						
a) Respect individual differences	4	3	2	1	N/A	_____
b) Accept constructive feedback	4	3	2	1	N/A	_____
c) Skill to be a team member	4	3	2	1	N/A	_____
11. Participate in Projects & Tasks						
a) Use of appropriate tools & tech.	4	3	2	1	N/A	_____
b) Operation of equipment	4	3	2	1	N/A	_____
c) Treat equipment with care	4	3	2	1	N/A	_____

## COMMUNITY CONNECTIONS REFLECTION

### TO BE FILLED OUT BY THE STUDENT

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. Why did you participate in this activity?
2. Describe any teamwork skills used in your work/volunteer experience.
3. Describe the fundamental skills used in your work/volunteer experience.
4. Describe the personal management skills used in your work/volunteer experience.
5. How does this work or volunteer experience benefit the community?
6. How does this work or volunteer experience benefit you?

**\*STUDENT: ONCE YOU COMPLETE PAGES 1-3, GIVE THIS 6-PAGE PACKAGE TO YOUR SUPERVISOR. THEY WILL RETURN IT TO YOU SO YOU CAN SUBMIT IT AS PART OF YOUR COURSE &/OR GRAD REQUIREMENTS.**



**EMPLOYER / SUPERVISOR EVALUATION  
OF  
EMPLOYABILITY SKILLS**

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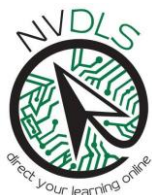
**SPECIFIC JOB OR DUTY PERFORMED:** \_\_\_\_\_

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

**SUPERVISOR'S NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CONTACT PHONE NUMBER** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## EMPLOYER / SUPERVISOR EVALUATION OF EMPLOYABILITY SKILLS

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