



Where do you want to go? (We'll get you there!)

School District No. 73 Career Experience Hours

Career Experience Record of Placement

Student Name: _____

PEN: _____

Placement information

Business or Company name: _____

Address of placement: _____

Supervisor's name (please print): _____

Phone number: _____

Date(s) of placement: _____

Total number of hours at this placement: _____

Supervisor's signature: _____

School information

School name: _____

School contact (please print): _____

School contact's signature _____

Date of review: _____

- Reflection to be reviewed with the student as it relates to their career/education transition plan.



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Student Reflection

What Career path were you investigating? _____

Why did you choose to go to this business or company to do a career experience placement?
How does it fit into your career/education plans?

What type of work did you do while you were there?

What did you learn about this career that you did not know before you went?

Describe how this career experience has motivated you to continue in this career path, or, if you no longer wish to pursue this career path explain why.

Student signature: _____

Date: _____