TFHCS - Streams Work Experience Report

Student Name _____ Family# _____ Date _____

Name/Type of Work Experience Project _____

Project Timeline from _____ to _____

Description of activities including skills, resources, tools, and/or machinery:

_____

_____

Evaluation - Parent or Supervisor to assess student according to skills:

_____

_____

☐ Excellent ☐ Very Good ☐ Good ☐ Average ☐ Needs Improvement

Hours spent: 1 Credit = 125hrs; ½ Credit = 63hrs: _____

Skills _____ Projects _____ Other _____

Signatures: _____ _____
(Parent/Supervisor) (Student)

Return form during spring evaluation or fax to (587) 787-3706 or mail to:

Streams Learning
PO Box 3177
Morinville, AB
T8R 1S1