Student Pathways



WORKPLACE LEARNING MONITORING REPORT

As part of the school's duty of care, a school staff member must visit the student or make direct phone contact with them at least once during a workplace learning placement.

A record of the visit and any information collected can be recorded using this form or a suitable alternative.

STUDENT			
Student's name:	Mobile:		Alternative Phone:
Email:	D.O.B:		Year level:
Student's learning goal:			
WORKPLACE LEARNING PROVIDER DETAILS			
Workplace learning provider business name:			
Workplace learning provider address:			
Workplace key contact name:	Mobile:		Phone:
Email:		Position:	
On job supervisor name:	Position:		Mobile:
WORKPLACE LEARNING STRUCTURE			
Work experience Virtual work experience Structured workplace learning Work trial leading to an A&TfSS			
Industry area or VET course linked to this placement:			
Dates of the workplace learning:			
WORKPLACE LEARNING FEEDBACK			
Student feedback:			
Workplace learning provider feedback:			
SCHOOL OBSERVATIONS			
School representative name:		Date of monitoring contact:	
SCHOOL ADMINISTRATION			
original retained by school		copy to the stu	ıdent