



Chesterton High School Graduation Pathways

EMPLOYABILITY SKILLS VERIFICATION

Student Name: _____ Cohort: _____

This form must be completed in it's entirety

1 TYPE OF LEARNING EXPERIENCE (Check One)

Work-Based

(i.e. employment or internships)

Service-Based

(i.e. volunteer work or other extracurricular programs)

2 SUPERVISOR SECTION *Please refer to Form F for an assessment rubric

Please mark the skills/qualities that the student has learned/displayed under your supervision (please check all that apply):

Mindsets

- Willingness to Learn
- Empathy
- Self-Confidence
- Sense of Belonging

Self-Management

- Stress Management
- Time Management
- Work Ethic
- Professionalism

Learning Strategies

- Attention to Detail
- Organization
- Decision Making
- Problem Solving

Social Skills

- Oral Communication
- Leadership
- Teamwork
- Conflict Management

Workplace Skills

- Follows Directions
- Personal Safety
- Customer Service
- Resource Allocation

Organization Name: _____ Representative's Name: _____

Phone Number/Email: _____ Representative's Title: _____

Representative's Signature: _____ Date: _____

3 STUDENT EMPLOYABILITY SKILLS REFLECTION (This portion filled out by the student)

Using the Employability Skills listed above, please share examples of how your skills have grown during your WBL/SBL experience.

4 By completing this form and signing below, I acknowledge my submitted experience is authentic. Falsifying documents may result in disciplinary action and/or not earning a high school diploma.

Student Signature: _____ Date: _____