



INTERNATIONAL HELLENIC UNIVERSITY

FACULTY of SOCIAL SCIENCES



DEPT. of EARLY CHILDHOOD EDUCATION & CARE

WORK PLACEMENT RECORD BOOK

Work Placement Syllabus Outline

The aim in work placement for the students in the Department of Early Childhood education & Care of the International Hellenic University is the application of the knowledge acquired during their studies.

This field work outline concerns a work placement period (3 months and more). During this period the student should be trained in all activities of the placement unit or service that are related to his/her specialty.

Instructions on How to Fill in this Book

The book of work placement is maintained by the trainee student throughout the duration of training process and cannot be replaced by any other document concerning student evaluation.

1. At the end of each month of work placement the trainee prepares a report on work experiences in the related part of this book (Tables 1).
2. The agency where the trainee works through a designated supervisor writes on a monthly basis summary reports of the trainee's performance by filling in the relevant table (Tables 2).
3. On a monthly basis the student's instructor also writes reports in the related part of this book (Table 3).

After the completion of the traineeship:

4. The trainee writes down in the related part of this book the general observations on his/her working experiences (Table a).
5. The agency where the trainee worked through the designated supervisor, writes down his/her comments in the related part of this book (Table b).
6. The student's instructor writes down his/her observations (Table c).

In the end the coordinator of the department, where the student belongs, evaluates the work placement process and writes down the final comments in the related part of this book.

PROFILE OF TRAINEE STUDENT

NAME	
FATHER'S NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
PLACE OF RESIDENCE	
STUDENT'S REGISTER NUMBER	
OCCUPATION AGENT	
OUTSET OF WORK PLACEMENT	
TERMINATION OF WORK PLACEMENT	

1ST MONTH: MONTHLY PAGE IN WORK PLACEMENT (2)
 Page No..... week from.....to.....

Notes – Remarks:

	Trainee’s Signature Date.....
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A BRIEF PROGRESS REPORT FOR THE TRAINEE
BY THE SUPERVISOR OF THE AGENCY

TRAINEES COMPETENCE	VERY GOOD	GOOD	AVERAGE	OBSERVATIONS Reasons for exceptional or in-complete work
INITIATIVE				
RESPONSI- BILITY				
ABILITY TO CO-OPORATE				
QUALITATIVE EFFICIENCY				
QUANTITATIVE EFFICIENCY				
KEEPING OF WORKING- HOURS				
DILIGENCE- ZEAL ENTHUSIASM				

	FOR THE AGENCY THE SUPERVISOR
	Name.....
	Capacity.....
	Signature.....
	Date.....

2ND MONTH: MONTHLY PAGE IN WORK PLACEMENT (2)

Page No..... week from.....to.....

Notes – Remarks:

Trainee’s Signature

.....
Date.....

**A BRIEF PROGRESS REPORT FOR THE TRAINEE
BY THE SUPERVISOR OF THE AGENCY**

TRAINEES COMPETENCE	VERY GOOD	GOOD	AVERAGE	OBSERVATIONS Reasons for exceptional or in-complete work
INITIATIVE				
RESPONSI- BILITY				
ABILITY TO CO-OPORATE				
QUALITATIVE EFFICIENCY				
QUANTITATIVE EFFICIENCY				
KEEPING OF WORKING- HOURS				
DILIGENCE- ZEAL ENTHUSIASM				

**FOR THE AGENCY
THE SUPERVISOR**

Name.....

Capacity.....

Signature.....

Date.....

3RD MONTH: MONTHLY PAGE IN WORK PLACEMENT (2)

Page No..... week from.....to.....

Notes – Remarks:

	Trainee’s Signature Date.....
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**A BRIEF PROGRESS REPORT FOR THE TRAINEE
BY THE SUPERVISOR OF THE AGENCY**

TRAINEES COMPETENCE	VERY GOOD	GOOD	AVERAGE	OBSERVATIONS Reasons for exceptional or in-complete work
INITIATIVE				
RESPONSI- BILITY				
ABILITY TO CO-OPORATE				
QUALITATIVE EFFICIENCY				
QUANTITATIVE EFFICIENCY				
KEEPING OF WORKING- HOURS				
DILIGENCE- ZEAL ENTHUSIASM				

	FOR THE AGENCY THE SUPERVISOR
Name.....	Capacity.....
Signature.....	Date.....

MONTHLY REPORT OF STUDENTS' S INSTRUCTOR (3)

MONTH: 3RD

MONTH _____

SUBJECTS OF TRAINING IN FIELD WORK

Signature of the Student' s Instructor

.....

Date.....

4TH MONTH: MONTHLY PAGE IN WORK PLACEMENT (2)

Page No..... week from.....to.....

Notes – Remarks:

Trainee’s Signature

.....
Date.....

**A BRIEF PROGRESS REPORT FOR THE TRAINEE
BY THE SUPERVISOR OF THE AGENCY**

TRAINEES COMPETENCE	VERY GOOD	GOOD	AVERAGE	OBSERVATIONS Reasons for exceptional or in-complete work
INITIATIVE				
RESPONSI- BILITY				
ABILITY TO CO-OPORATE				
QUALITATIVE EFFICIENCY				
QUANTITATIVE EFFICIENCY				
KEEPING OF WORKING- HOURS				
DILIGENCE- ZEAL ENTHUSIASM				
				FOR THE AGENCY THE SUPERVISOR
				Name..... Capacity.....
				Signature..... Date.....

5TH MONTH: MONTHLY PAGE IN WORK PLACEMENT (2)

Page No..... week from.....to.....

Notes – Remarks:

	Trainee’s Signature Date.....
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**A BRIEF PROGRESS REPORT FOR THE TRAINEE
BY THE SUPERVISOR OF THE AGENCY**

TRAINEES COMPETENCE	VERY GOOD	GOOD	AVERAGE	OBSERVATIONS Reasons for exceptional or in-complete work
INITIATIVE				
RESPONSI- BILITY				
ABILITY TO CO-OPORATE				
QUALITATIVE EFFICIENCY				
QUANTITATIVE EFFICIENCY				
KEEPING OF WORKING- HOURS				
DILIGENCE- ZEAL ENTHUSIASM				

	FOR THE AGENCY THE SUPERVISOR
	Name..... Capacity.....
	Signature..... Date.....

6TH MONTH: MONTHLY PAGE IN WORK PLACEMENT (2)

Page No..... week from.....to.....

Notes – Remarks:

Trainee’s Signature

.....
Date.....

**A BRIEF PROGRESS REPORT FOR THE TRAINEE
BY THE SUPERVISOR OF THE AGENCY**

TRAINEES COMPETENCE	VERY GOOD	GOOD	AVERAGE	OBSERVATIONS Reasons for exceptional or in-complete work
INITIATIVE				
RESPONSI- BILITY				
ABILITY TO CO-OPORATE				
QUALITATIVE EFFICIENCY				
QUANTITATIVE EFFICIENCY				
KEEPING OF WORKING- HOURS				
DILIGENCE- ZEAL ENTHUSIASM				
				FOR THE AGENCY THE SUPERVISOR
				Name..... Capacity.....
				Signature..... Date.....

