



MICHIGAN CITY HIGH SCHOOL
 8466 W. PAHS ROAD
 MICHIGAN CITY, IN 46360

STUDENT NAME _____

COHORT _____

Graduation Pathways Reflection: Employability Skills

Experience Type	Name of course, club or sport	Date/Year	Supervisor/Teacher Signature
<u>Project Based</u> Please fill out section I.	_____	_____	_____
<u>Service Based</u> (club, sport, or approved course) Please fill out section I. Use Sport as PE Flex credit	_____	_____	_____ _____ _____ Registrar Initials
<u>Work Based</u> Please fill out section I and II.	_____	_____	_____

I. Reflect on your Experience. List of Employability skills attached.

Give a description of at least 4 sentences of how your experience allows you to currently demonstrate employability skills. What did you learn from your participation? How has this experience been meaningful to you? You may attach a typed and signed reflection if you wish.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Administrator Signature: _____ Date: _____



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II. Employer and Student Section: Only if service is Employment based.

Name of Employer _____

Address of Employer _____

Employer Phone Number _____ Date Hired: _____

Is/Was this student in good standing as an employee? Yes No

Does/Did this student exhibit good employability skills? Yes No

Supervisor's Signature: _____ Date: ____/____/____