

SWEP Learning Plan Final Reflection – August 2018

Supervisor Information	Student Information
Name:	Name:
Title:	SWEP Title:
Department:	Student Number:
Email:	Faculty:
Tel:	Email:

To be completed by the student and brought to final check in meeting with supervisor

To complete this report, review your Learning Plan and consider your experience this summer when answering the questions below:

1. What skills were you able to develop and/or demonstrate during your SWEP experience?

2. What opportunities or activities during your SWEP experience were most valuable or impactful?

3. How did this experience help to inform your long term options and/or goals?

Supervisor Comments (to be completed by the supervisor):

We reflected upon and discussed the work experience.

Student Signature:

Date:

Employer Signature:

Date: