



Student Name: \_\_\_\_\_ Cohort: \_\_\_\_\_

**Sponsor, LCSC Staff, Employer Section** (to be completed by the Sponsor, LSCS Staff or Employer):

Contact LHS Student Services Department at 765-482-0400 ext. 5 with any questions.

Name of Organization: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Student's job title, duties, activity and/or responsibilities: \_\_\_\_\_

\_\_\_\_\_

Referencing the Indiana Employability Skills Benchmarks on the back, did/does the student demonstrate leadership and employability skills of planning, organizing, implementing and evaluating the activities, objectives, events and/or practices of the extra-curricular program? \_\_\_\_\_

While in high school, has the student participated a minimum of 75 hours? \_\_\_\_\_ If not, how many: \_\_\_\_\_

Additional comments (optional): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Section** (to be completed by the Student):

Please provide a reflection of your experience. Include how your experience has allowed you to demonstrate employability skills as listed on the back and any lessons you have learned from this experience. A word document may be attached in place of writing below. Please remember to sign below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lebanon High School Student Services Section** (to be completed by LHS School Counselor):

Project Based Learning \_\_\_\_\_ Service Based Learning \_\_\_\_\_ Work Based Learning \_\_\_\_\_

LHS School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_