

**Stratford Northwestern
Secondary School
Semester 1 2016/17**

**Cooperative Education
Log # 2**

**Week # 2
Oct. 3rd - Oct. 7th**

Hand-in EVERY MONDAY to the Main Office or Fax 519-271-7834

Student: _____ **Workplace Name:** _____

Teacher: _____ **Workplace Supervisor:** _____

Date	Hours	Summary of Experiences / Specific Tasks and Activities Performed
Monday _____	From: To: Hours: _____	_____ _____ _____
Tuesday _____	From: To: Hours: _____	_____ _____ _____
Wednesday _____	From: To: Hours: _____	_____ _____ _____
Thursday _____	From: To: Hours: _____	_____ _____ _____
Friday _____	From: To: Hours: _____	Journal 1 Due _____

Week 2 - Total Hours _____ **Time by 1/4 hour (.25 / .50 / .75)** _____ **Student Signature:** _____ **Date:** _____

Total Days Absent Work _____ **Supervisor Signature:** _____ **Office Initials:** _____ **Teacher Initials:** _____

Comments: _____

Have you had any safety training? What did it include? _____

Where can you find the emergency procedures at your workplace? _____

New Experience this week _____

R3: Log

Communication	Level 4 (80%-100%)
Expression and organization of ideas and information	<p>Expresses and organizes ideas and information with high degree of effectiveness.</p> <ul style="list-style-type: none"><input type="checkbox"/> Handed in to office by due date<input type="checkbox"/> Log is completely filled in (front and back page)<input type="checkbox"/> Daily tasks are described in detail<input type="checkbox"/> Log is signed by Supervisor<input type="checkbox"/> Clear of grammar and spelling mistakes<input type="checkbox"/> All hours are added up correctly