

Stratford Northwestern  
Secondary School  
Semester 1 2016/17

Cooperative Education  
Log # 1

Week # 1  
Sept. 26th - Sept. 30th

**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: _____	_____ _____ _____

Week 1 - Total Hours \_\_\_\_\_ Time by 1/4 hour (.25 / .50 / .75) Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Total Days Absent Work \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Office Initials: \_\_\_\_\_ Teacher Initials: \_\_\_\_\_  
Comments: \_\_\_\_\_

List your tie-in course

\_\_\_\_\_

List the skills and knowledge you have learned that relate to your tie-in or related course.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you contact your supervisor if you could not make it into work (fill out ALL sections)

Supervisor name : \_\_\_\_\_

Alternate name: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### R3: Log

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