

Stratford Northwestern
Secondary School
Semester 1 2016/17

Cooperative Education
Log # 15

Week # 15
Jan. 16th - Jan. 20th

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: _____	Employer Evaluation Due _____ _____ _____

Week 15 - Total Hours _____ Time by 1/4 hour (.25 / .50 / .75)

Student Signature: _____ Date: _____

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

Comments: _____

What has been the most significant learning experience for you? _____

What advice would you give to someone who is taking Co-op next year? _____

Being at this placement has made me more aware of... _____

One thing I am going to miss about going to work here is... _____

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"><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