



Cooperative Education Program

B-8b

Weekly Log - Week # _____

Teacher: _____

A. Completed by Student:

Student: _____

School: _____

Week of: _____

Placement: _____

Placement Supervisor: _____

Date	Time		Length of Lunch	Total Hours
	In	Out		
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Other				
Week Total Hours				

Day	Summary of Week's Activities

(Continue on separate sheet if necessary)

Highlight New Learning/Responsibilities this week: _____

Outline Homework Preparation for Placement this week: _____

B. This Section is to be Completed by Student and Placement Supervisor:

Number of Days Absent: _____ Number of Days Late: _____

Were you informed if student was to be absent? YES NO

Successes/Strengths Shown During the Week/Concerns or Problems/Recommendations:

Signature of Student _____ Date _____

Signature of Placement Supervisor _____ Date _____

NOTE: Students must complete and return this weekly log to the co-op/experiential learning teacher at the beginning of the week following the end date above. Without these forms submitted, co-op credits cannot be granted. Students please complete journal (on reverse).

