



Workplace Learning Log Sheet

Student Name: _____ Student's Job Title: _____

Workplace: _____ Supervisor's Name: _____

Date:

Sept		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		June	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31									

Work Experience Learning Plan Goal(s)

Student's Signature

Supervisor's Signature



Date:

Sept		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		June	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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Work Experience Learning Plan Goal(s)

Student's Signature

Supervisor's Signature