

Stratford Northwestern
Secondary School

Cooperative Education

Week #

Log #

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

