

## **Employer Monitor Report**

Student Name:	Program:
Company:	Supervisor:
Start Date:	End Date:
Start Date.	Lift Date.
Supervisor guideline for completion: Please comple	ete this form. At the mid-point in the co-op term, we
encourage employers to have a discussion with their co-op student utilizing the Co-op Work Term Plan	
and this form for reference. This is a chance to revie	
successful co-op work term.	
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What is going well? Please provide specific exam	oles.
Have any challenges arisen since the onset of this	co-op experience? If so, how has the student
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Where are the opportunities for further development?	
Additional Notes	

**Supervisor and Student:** Based on this feedback, please revisit the Co-op Work Term Plan. Is everything working out as you had initially planned and if not, what adjustments need to be made? This is a personal development opportunity for the student.

Thank you for taking the time to complete this monitoring report. Your continued support of Niagara College's Cooperative Education Program is greatly appreciated.

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