

## Student Monitor Report Co-operative Education

<b>Date:</b>			<b>Co-op Consultant:</b>		
<b>Student Name:</b>			<b>Student #:</b>		
<b>Organization:</b>			<b>Program Name:</b>		
<b>Method of Site Monitor</b>			<b>Wages:</b>	<b>Hrs/Wk:</b>	<b>Are you concerned about meeting your co-op hour requirement: Yes / No</b>
<b>Onsite</b>	<b>Phone</b>	<b>Email</b>			
<b>Student Feedback</b>					
	<b>Yes</b>	<b>Partly</b>	<b>No</b>	<b>Comments</b>	
Was on the job training provided?					
Are you having a positive work experience?					
Is your work related to your program?					
Do you feel comfortable asking questions?					
Do you receive feedback about your work?					
<b>Are there any additional skills/knowledge you would have found beneficial to have prior to starting your co-op?:</b>					
<b>List 3 Skills Learned:</b>	<b>Skill 1:</b>		<b>List 3 Most Useful Courses:</b>	<b>Course 1:</b>	
	<b>Skill 2:</b>			<b>Course 2:</b>	
	<b>Skill 3:</b>			<b>Course 3:</b>	
<b>Have you Submitted your Work Term Goals:</b>			<input type="checkbox"/> <b>Submitted</b>	<input type="checkbox"/> <b>Needs to Submit</b>	
<b>Advice for Year 1 Students:</b>					
<b>Student Future Plans/Overall Comments:</b>					

*This document is proprietary and confidential. No part of this document may be disclosed in any manner to a third party without the consent of the student named above.*

**Do you consent to sharing this information with employer?**