

# COOPERATIVE WORK EXPERIENCE MONTHLY TIMESHEET

(due before the 15<sup>th</sup> of the month after month worked)



MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

Student Name:	Phone:
Supervisor Name:	Sup. Phone:

Date	# Hrs Wkd						

I hereby certify that this time card is a true and accurate statement.

Total Hours Worked: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Supervisor: please complete the following each month**

**PROGRESS INFORMATION**

CATEGORY	EXCELLENT	GOOD	SATISFACTORY	NEEDS IMPROVEMENT
Attendance/Punctuality				
Interest/Initiative				
Work Quality				
Appearance				
Ability to Take Criticism				

**PROGRESS TOWARDS JOB ORIENTED LEARNING OBJECTIVES**

OBJECTIVE	COMPLETED	EXCELLENT	GOOD	FAIR	LIMITED
#1					
#2					
#3					

**SUPERVISOR COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cooperative Work Experience Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_