

# Cooperative Education Career Skills/Occupational Skills Student's Weekly Learning Record



Week of: \_\_\_\_\_ to \_\_\_\_\_  
Month/day/year Month/day/year

Student's Name \_\_\_\_\_ Training Site \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Day	# Hrs. @ Site	Brief Summary of Work Performed
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

★★ What mistakes did you make? How did you handle the situation?

★★ What skills have improved this week?

**SUPERVISOR SIGN-OFF** \_\_\_\_\_

Supervisor's comments:

Please fill out completely. This is part of your grade. Please mail, fax (541-463-4168), or drop them off at Bldg. 19, Rm. 231C.