

**Cooperative Education
Professional 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 new jobs or procedures did you learn from your work this week?

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

★★ What skills have improved this week?

★★ Describe the most interesting incident or experience you had 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.