

CO-OP EDUCATION VERIFICATION & WORK REPORT

State guidelines require that a record of the student’s attendance on the job be maintained by the school. It is the student’s responsibility to complete & return this form to the school. The training supervisor must verify the student’s work hours and **a copy of the student’s pay stub must accompany this form.**

Student Name:	CTE Program:	Session:
Employer:	Month/Year	Report Period:

Week Day	Date	Time In	Time Out	Hours	Work Performed * See below for definition
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total hours worked: _____

Work Performed Definition:

- What do you do on a daily basis?
- Describe any events that happened at work over the past two weeks that you believe you did well and made you feel about your work performance.

Describe any events that happened at work over the past two weeks that you can identify as areas of improvement

I verify that I have worked the above state hours, times & dates.

Student Signature

Date

As training supervisor, I verify that I have worked the above state hours, times & dates.

Training Supervisor’s Signature

Date