



# COOPERATIVE EDUCATION DEPARTMENT

## Weekly Activity Report

This report must be returned to the Co-op office every Tuesday. Incomplete and /or late reports will be accepted with deductions.

W.A.R.

/10

Journal

/10

Teacher Comments:

Student's Name:

Supervisor's Name:

Placement:

Month/Day	Daily Activities	Hours
		Start Time: End Time:  Total:
		Start Time: End Time:  Total:
		Start Time: End Time:  Total:
		Start Time: End Time:  Total:
		Start Time: End Time:  Total:
		Start Time: End Time:  Total:
<b>Total Weekly Hours</b>		

Employer's Signature:

Student's Signature:

Employer's Comment:

Student's Comment: