Co-Op Midterm Worksite Visit Report

(To be completed by teacher or school coordinator)

Date of Visit: Worksite (Name/Location): Teacher/School Coordinator: Co-Op Name(s): Co-Op Supervisor(s):			
Coordinator Observations:	YES	NO	Comments: (please include any feedback provided to Co-Ops)
Are there any health or safety concerns?			
Is Co-Op appropriately dressed for assigned tasks?			
Does Co-Op communicate professionally with staff and/or Co-Ops?			
Does Co-Op exhibit enthusiasm for his/her responsibilities?			
Co-Op Performance			
Is Co-Op able to observe/practice skills related to his/her CTE Track?			
Is Co-Op working towards his/her Training Plan goals?			
Does Co-Op wish new Training Plan goals be assigned?			
Supervisor Feedback:			
Has the Supervisor signed Co-Op's Training Plan?			
Are there any new goals the Supervisor would like added to the Training Plan?			

Is Supervisor satisfied with the quality of work Co-Op is providing?			
Has Co-Op's attendance and promptness proven satisfactory thus far?			
Any additional issues needing attention?			
General Feedback for School Coordinators			