Bluewater District School Board

**File #**

Co-op Department Student Log Sheet

**Owen Sound District Secondary School**

Week

6

For the Week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due \_\_\_\_\_\_\_\_\_\_\_\_\_

Student

Placement Teacher Monitor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | TASKS AND ACTIVITIES |
| **Monday** | |  |  |
|  | |  |  |
| Start Time | |  |  |
|  | |  |  |
| End Time | |  |  |
|  | |  |  |
| Lunch | |  |  |
|  | |  |  |
| Hours |  | |  |
|  | |  |  |
|  | |  |  |  |
| **Tuesday** | |  |  |
|  | |  |  |
| Start Time | |  |  |
|  | |  |  |
| End Time | |  |  |
|  | |  |  |
| Lunch | |  |  |
|  | |  |  |
| Hours |  | |  |
|  | |  |  |
|  | |  |  |  |
| **Wednesday** | |  |  |
|  | |  |  |
| Start Time | |  |  |
|  | |  |  |
| End Time | |  |  |
|  | |  |  |
| Lunch | |  |  |
|  | |  |  |
| Hours |  | |  |
|  | |  |  |
|  | |  |  |  |
| **Thursday** | |  |  |
|  | |  |  |
| Start Time | |  |  |
|  | |  |  |
| End Time | |  |  |
|  | |  |  |
| Lunch | |  |  |
|  | |  |  |
| Hours |  | |  |
|  | |  |  |
|  | |  |  |  |
| **Friday** | |  |  |
|  | |  |  |
| Start Time | |  |  |
|  | |  |  |
| End Time | |  |  |
|  | |  |  |
| Lunch | |  |  |
|  | |  |  |
| Hours |  | |  |
|  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Supervisor Comments: *Credits will not be awarded if this form is not completed, signed and returned on time*  **Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **This Week** |  |  |
| Total Hours |
|  |  |  |
| **Previous Log** |  |  |
| Total Hours to Date |
|  |  |  |
| **Total Hours to Date** |  |  |
|  |  |  |

## **WEEK 6**

a. How would you handle complaints or criticism about your work?

|  |
| --- |
|  |

1. With whom would you consult?

|  |
| --- |
|  |

c. How could you make the outcome positive?

|  |
| --- |
|  |