

COOPERATIVE WORK EXPERIENCE EDUCATION  
**SITE VISITATION REPORT**

<b>Student Completes This Section</b>	Term/Year:
Course Name:	Section Number:
Instructor's Name:	
Student's Name:	Student ID:
Student Phone:	Student's Major:
Company Name:	Supervisor Phone:
Supervisor's Name:	Supervisor Email:
Company Address:	

**Student's Work/Internship Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Schedule (From-To)							

**Instructors have the responsibility to verify the following for each student enrolled in Cooperative Work Experience Education:**

1. To ensure the direct supervisor is aware of his/her responsibilities.
2. To ensure the work conditions appear safe.
3. To ensure the student is adequately supervised.
4. To ensure the work environment provides appropriate college level learning experience.

**A Site Visitation Report is to be completed for each of the required site visits/contacts.** (Minimum of one on-site visit is required each term).

1. An initial **face-to-face** visit for new sites with the student and the student's supervisor during the first four weeks.
2. A **virtual (phone, email, Zoom, etc.) consultation** with the supervisor at the mid-term.
3. Either an **on-site visit or virtual consultation** at the end of the term.

**Instructors: Respond to the questions below after conducting each required consultation.**

**#1 – Initial Site Visit**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Other Info: \_\_\_\_\_

	Yes	No	Notes
1. Working conditions appear to be safe.			
2. Work environment provides opportunities for the student to complete the three stated objectives satisfactorily.			
3. Student is adequately supervised.			

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**#2 – Mid-Term Site Visit**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Other Info: \_\_\_\_\_

	Yes	No	Notes
1. Student has completed or will complete the identified performance objectives.			
2. Student is adhering to company policies and procedures.			
3. Student is maintaining consistent attendance.			
4. Are there any concerns?			

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**#3 – Final Site Visit**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Other Info: \_\_\_\_\_

	Yes	No	Notes
1. Student has completed or will complete the identified performance objectives.			
2. Student is adhering to company policies and procedures.			
3. Are there any concerns?			
4. Student was present for this discussion.			

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Additional Instructor Notes:
