



DISTRICT SCHOOL BOARD OF NIAGARA COOPERATIVE EDUCATION PROGRAM

DAILY ACTIVITY REPORT

Log # _____ Student _____

Employer _____

Student Signature _____

Supervisor Signature _____

FOR SCHOOL USE ONLY	
Log sheet needs to improve in the areas indicated by:	
Completeness <input type="checkbox"/>	Handed in on Time <input type="checkbox"/>
Legibility <input type="checkbox"/>	Focus <input type="checkbox"/>
Grammar/Spelling <input type="checkbox"/>	

DATE	TIME	TASKS/ACTIVITIES PERFORMED
Day:	FROM: TO: HOURS:	
Day:	FROM: TO: HOURS:	
Day:	FROM: TO: HOURS:	
Day:	FROM: TO: HOURS:	
Day:	FROM: TO: HOURS:	
Total Hours: _____ Days Absent From Work: _____ Days Absent from School: _____		
Student's Comments _____		
Supervisor's Comments _____		

Personal information on this form is collected under the authority of the Education Act R.S.O. 1990 c.E.2 and will be used by the Cooperative Education Co-ordinator and teacher/monitor to ensure that the conditions of the program are clearly met by the student. Questions about this collection should be directed to the Cooperative Education Co-ordinator of the student's school.