



# COOPERATIVE EDUCATION PROGRAM

## WEEKLY ACTIVITY REPORT

Teacher: \_\_\_\_\_

**This report must be taken to your School Co-op teacher every week.**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Employer: \_\_\_\_\_

DATE	ACTIVITIES	HOURS
<b>TOTAL WEEKLY HOURS</b>		

Student's Comment: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Supervisor's Comment: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_