CO-OPERATIVE EDUCATION

Student Placement Log

Student name: ______________________ Community host: ______________________

Journeyperson Certificate of Qualification (CQ#) if applicable: ______________________

Students are required to record the days and hours they've worked. Supervisors must verify this information.

Date	Start time	End time	Total hours	Supervisor initials
		Total	0	

Other comments:

Student signature: ______________________

Community host supervisor's signature: ______________________

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