

Student Name:

SAMPLE

# Work-Based Learning Monitoring Visit Log

Office of Career and Technical Education

Service-Learning  Mentoring  Shadowing  School Enterprise  Internship  Entrepreneurship  Co-op  Apprenticeship

## Placement Information

Program Area:

School Year:

School Name:

Employer:

Employer's Phone Number:

Worksite Supervisor's Name:

Employer's Street Address:

City:

State:

Zip:

Check to verify initial placement visit.

Date of initial placement visit:

**Comments on initial placement visit:**

## Monitoring Visit Log

Date	Person Making Visit	Observations/Suggestions/Recommendations

Student Name:

## Monitoring Visit Log (Continued)

Date	Person Making Visit	Observations/Suggestions/Recommendations