



## Internship/Cooperative Education Time Sheet

WEEK STARTING: \_\_\_\_\_ WEEK ENDING: \_\_\_\_\_

Student Work Schedule			
	Starting Time	Quitting Time	Number of Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours Worked This Week			

STUDENT SUPERVISOR NAME: \_\_\_\_\_

STUDENT SUPERVISOR SIGNATURE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

**(Weekly Evaluations are OPTIONAL)**

**Please Evaluate the Student on a scale of 0-4.                      4=A, 3=B, 2=C, 1=D, and 0=E**

Job Performance _____	Professional Ethics _____
Verbal Communication _____	Professionalism _____
Written Communication _____	Work Ethic _____
Interpersonal Skills _____	Response to Supervision _____
Use of Technology _____	Overall Performance _____