“Continuous” Work Based Training Log

This report is to be completed by the student and returned to the Career Coordinator upon completion

Student: Submit this activity report to your worksite supervisor for verification. Also visit your School Coordinator once per week to discuss your ongoing work performance.

Student’s Name: _____

Work Supervisor’s Name: _____

Work Supervisor’s Contact Information: _____

Day	Date	Hours	***Description of Duties***

Total Hours:_____

Student Signature: _____ Work Supervisor’s Signature: _____

Date: _____

More copies of Training Log are available on your school website.