MONTHLY TIMESHEET

(Off – Campus Programming)

| School: | Name of Student: | | | |
|------------------------------|------------------|--------|---------------------|----------------|
| Work Placement: | | Month: | | |
| Date | Arrived | | Left | Total Hours |
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| TOTAL HOURS | | | | |
| Supervisor's Comments: | | | | |
| Observed Strengths: | | | | |
| Suggestions for Improvement: | | | | |
| Overall Performance Rating: | | | | |
| 1. Unsatisfactory 2. B | | | | 5. Outstanding |
| | | | | |
| Employer's Signature | | | Student's Signature | |