



Co-op Monthly Report

Student Name:		Student ID:		Program:	
Host Company Name:					
Month:		Hours worked this month:		Total hours worked since the start of the co-op:	

Please indicate the extent to which you agree with the following statements in relation to your co-op work experience this month: 1= Needs Improvement 2= Marginal 3=Average 4=Good 5=Excellent

1	2	3	4	5
---	---	---	---	---

THINK ABOUT YOUR CURRENT JOB...

I take pride in my work and there was progress in terms of my work performance this month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I frequently challenge myself to perform better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use my time effectively and I am able to prioritize my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I frequently share relevant information with my peers so that our team can benefit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I approach challenges with fresh eyes and look for out-of-the-box solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything that we can get involved in and help you regarding your co-op?
