**Periodic Report**

**(Every 4\_Weeks)**

*(to be completed by Student)*

**(A) Schedule** **for Week dated from to**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned Task(s)** | **Actual Work Done**  (*Please provide brief description if there is a deviation from planned tasks)* | **Verified by (Organization Mentor’s**  **Initial)** | **Date**  **(D/M/Y)** |
|  |  |  |  |

**(B) Summary of work.**

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| (1) List new tasks you observed and/or performed, and/or new insights you gained this 4-week: |
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|  |
|  |
| (2) What questions do you have for your Organization Mentor / Attachment Coordinator? |
|  |
|  |

**(C) Organization Mentor’s Comments (to be completed by Organization Mentor):**

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| --- |
|  |

**(D) Record of Attendance:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week of D/M/Y | Mon  ( / / ) | Tue  ( / / ) | Wed  ( / / ) | Thu  ( / / ) | Fri  ( / / ) | Sat  ( / / ) | Sun  ( / / ) | Total Hours Worked This 4-Week  = |
| Arrival |  |  |  |  |  |  |  |
| Departure |  |  |  |  |  |  |  |
| Organization Mentor’s Signature |  |  |  |  |  |  |  |
| Week of D/M/Y | Mon  ( / / ) | Tue  ( / / ) | Wed  ( / / ) | Thu  ( / / ) | Fri  ( / / ) | Sat  ( / / ) | Sun  ( / / ) | Total Hours Worked This 4-Week  = |
| Arrival |  |  |  |  |  |  |  |
| Departure |  |  |  |  |  |  |  |
| Organization Mentor’s Signature |  |  |  |  |  |  |  |
| Week of D/M/Y | Mon  ( / / ) | Tue  ( / / ) | Wed  ( / / ) | Thu  ( / / ) | Fri  ( / / ) | Sat  ( / / ) | Sun  ( / / ) | Total Hours Worked This 4-Week  = |
| Arrival |  |  |  |  |  |  |  |
| Departure |  |  |  |  |  |  |  |
| Organization Mentor’s Signature |  |  |  |  |  |  |  |
| Week of D/M/Y | Mon  ( / / ) | Tue  ( / / ) | Wed  ( / / ) | Thu  ( / / ) | Fri  ( / / ) | Sat  ( / / ) | Sun  ( / / ) | Total Hours Worked This 4-Week  = |
| Arrival |  |  |  |  |  |  |  |
| Departure |  |  |  |  |  |  |  |
| Organization Mentor’s Signature |  |  |  |  |  |  |  |

*Note:* ***Student*** *is requested to email the completed form to IVE’s Industrial Attachment Mentor at the end of each 4-week.*

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| --- | --- | --- | --- |
| Date: \_\_\_\_\_July 11, 2014\_\_\_\_\_\_\_\_\_\_\_\_ |  | Signature of Student : |  |
| Date: \_\_\_\_July 11, 2014\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Signature of Organization Mentor : |  |