

MISSION TRAILS REGIONAL OCCUPATIONAL PROGRAM

867 East Laurel Drive, Salinas, CA 93905 (831) 753-4209

RECORD OF SUPERVISION VISITS

COMMUNITY CLASSROOM CO-OP ED APPRENTICESHIP WORK EXPERIENCE

STUDENT INFORMATION:

STUDENT _____ ID# _____ D.O.B _____
 ADDRESS _____ ZIP _____ PHONE NO. _____
 SCHOOL _____ GRADE _____ ENROLLED _____ DROPPED _____

EMPLOYER INFORMATION:

NAME OF BUSINESS _____ PHONE NO. _____
 BUSINESS ADDRESS _____ SUPERVISOR _____

RECORD OF SUPERVISION VISITS:

*DATE	TIME	CODE	TEACHER OBSERVATION/SUPERVISOR COMMENTS

Codes: E=Deliver Evaluation C= Employer Conference S= Student Observation

- Community classroom training stations shall be visited at least once every three weeks. (Each visit shall include an observation of the student engaged in on-the-job training experiences).
- Cooperative vocational education training stations shall be visited at least once every four weeks. (No less than every second visit shall include an observation of the student engaged in on-the-job experiences).

EVALUATION RECEIVED: #1 _____ #2 _____ #3 _____ #4 _____

REGISTRATION PACKET CHECK LIST:

Work Permit Registration Individualized Training Plan Training Agreement
 Course Credits/Requirements Program Rules & Responsibilities

TIME CARD/PAYSTUB VERIFICATION:

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____