

**MISSION TRAILS REGIONAL OCCUPATIONAL PROGRAM
CO-OP/WORK EXPERIENCE
CLASS RECORD**

STUDENT INFORMATION:

STUDENT _____ ID# _____ PHONE _____

SCHOOL _____ GRADE _____ ENROLLED _____ DROPPED _____

EMPLOYER INFORMATION:

NAME OF BUSINESS _____ PHONE: _____

BUSINESS ADDRESS _____ SUPERVISOR _____

Month	Wk	Month/Day	Att.	Assignment	M/D Rec'd	Hrs.	Comments
1	1						Hours
	2						Evaluations
	3						
	4						
Month							
2	5						
	6						
	7						
	8						
Month							
3	9						
	10						
	11						
	12						
Month							
4	13						
	14						
	15						
	16						
Month							
5	17						
	18						
	19						
	20						
<p>Grade Pass Fail Inc. Citizenship O S U Credits _____</p> <p>Grade Pass Fail Inc. Citizenship O S U Credits _____</p> <p>Comments</p>							