



Site Visit Form

Student Name: _____ Student Number: _____

Program: _____ Campus: _____

WORK TERM 1

Site Visit Date: _____ Type: _____

Site Visit Completed By: _____

Site Visit Results: _____ /100

WORK TERM 2

Site Visit Date: _____ Type: _____

Site Visit Completed By: _____

Site Visit Results: _____ /100

WORK TERM 3

Site Visit Date: _____ Type: _____

Site Visit Completed By: _____

Site Visit Results: _____ /100

WORK TERM 1

Name of Employer: _____

Name of Supervisor: _____

Address of Employer: _____

Telephone: _____

Date: _____ Time: _____

Work Term Salary: \$ _____ per _____

Work Term Description Attached. _____ Yes _____ No

If position is funded, please check type:

_____ SECPAP _____ Career Award _____ Voluntary, Community-Based Sector

Required Forms to Date:

Salary Survey and Contact Information _____ Yes _____ No

Learning Contract _____ Yes _____ No

Work Term Report Proposal _____ Yes _____ No

Log Book (Review) _____ Yes _____ No

Work Term Dates Start: _____ Finish: _____

SECTION A: EMPLOYER FEEDBACK

1. Are there any modifications or additions to the learning contract since submission? _____

2. On a scale of 1 to 10, with 10 being the highest, please rank the co-op student on the following criteria: Academic Skills; Personal Management Skills; and Teamwork Skills.

Academic Skills

(a) Effective oral and written communication skills _____

(b) Ability to learn through reading materials and verbal instruction _____

(c) Critical thinking and problem-solving skills _____

(d) Competent in the use of technology _____

Personal Management Skills

- (a) Confident in abilities and able to provide suggestions and input _____
- (b) Positive attitude towards learning _____
- (c) Takes initiative and is persistent in getting the job done _____
- (d) Sets goals and is accountable for actions _____

Teamwork Skills

- (a) Ability to work with others _____
- (b) Ability to work independently _____

3. What is your overall opinion of this student?

SECTION B: STUDENT FEEDBACK

1. On a scale of 1 to 10, with 10 being the highest, please rank your work term on the following criteria:

- (a) Clarity of work term duties _____
- (b) Appropriateness of work term responsibilities _____
- (c) Degree of technical skill development _____
- (d) Value of work term experience to career development _____
- (e) Support and guidance received during work term _____

2. What is your overall opinion of this work term and have there been any changes to the Learning Contract and/or Job Description?

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting this personal information to verify program objectives are met and to update the student's academic record. It will only be used for this purpose. Personal information will only be disclosed as required to do so by law. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Associate Vice-President of Student Services at 709-643-7835. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

WORK TERM 2

Name of Employer: _____

Name of Supervisor: _____

Address of Employer: _____

Telephone: _____

Date: _____ Time: _____

Work Term Salary: \$ _____ per _____

Work Term Description Attached. _____ Yes _____ No

If position is funded, please check type:

_____ SECPAP _____ Career Award _____ Voluntary, Community-Based Sector

Required Forms to Date:

Salary Survey and Contact Information _____ Yes _____ No

Learning Contract _____ Yes _____ No

Work Term Report Proposal _____ Yes _____ No

Log Book (Review) _____ Yes _____ No

Work Term Dates Start: _____ Finish: _____

SECTION A: EMPLOYER FEEDBACK

1. Are there any modifications or additions to the learning contract since submission? _____

2. On a scale of 1 to 10, with 10 being the highest, please rank the co-op student on the following criteria: Academic Skills; Personal Management Skills; and Teamwork Skills.

Academic Skills

(a) Effective oral and written communication skills _____

(b) Ability to learn through reading materials and verbal instruction _____

(c) Critical thinking and problem-solving skills _____

(d) Competent in the use of technology _____

Personal Management Skills

- (a) Confident in abilities and able to provide suggestions and input _____
- (b) Positive attitude towards learning _____
- (c) Takes initiative and is persistent in getting the job done _____
- (d) Sets goals and is accountable for actions _____

Teamwork Skills

- (a) Ability to work with others _____
- (b) Ability to work independently _____

3. What is your overall opinion of this student?

SECTION B: STUDENT FEEDBACK

1. On a scale of 1 to 10, with 10 being the highest, please rank your work term on the following criteria:

- (f) Clarity of work term duties _____
- (g) Appropriateness of work term responsibilities _____
- (h) Degree of technical skill development _____
- (i) Value of work term experience to career development _____
- (j) Support and guidance received during work term _____

2. What is your overall opinion of this work term and have there been any changes to the Learning Contract and/or Job Description?

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WORK TERM 3

Name of Employer: _____

Name of Supervisor: _____

Address of Employer: _____

Telephone: _____

Date: _____ Time: _____

Work Term Salary: \$ _____ per _____

Work Term Description Attached. _____ Yes _____ No

If position is funded, please check type:

_____ SECPAP _____ Career Award _____ Voluntary, Community-Based Sector

Required Forms to Date:

Salary Survey and Contact Information _____ Yes _____ No

Learning Contract _____ Yes _____ No

Work Term Report Proposal _____ Yes _____ No

Log Book (Review) _____ Yes _____ No

Work Term Dates Start: _____ Finish: _____

SECTION A: EMPLOYER FEEDBACK

1. Are there any modifications or additions to the learning contract since submission? _____

2. On a scale of 1 to 10, with 10 being the highest, please rank the co-op student on the following criteria: Academic Skills; Personal Management Skills; and Teamwork Skills.

Academic Skills

(a) Effective oral and written communication skills _____

(b) Ability to learn through reading materials and verbal instruction _____

(c) Critical thinking and problem-solving skills _____

(d) Competent in the use of technology _____

Personal Management Skills

- (a) Confident in abilities and able to provide suggestions and input _____
- (b) Positive attitude towards learning _____
- (c) Takes initiative and is persistent in getting the job done _____
- (d) Sets goals and is accountable for actions _____

Teamwork Skills

- (a) Ability to work with others _____
- (b) Ability to work independently _____

3. What is your overall opinion of this student?

SECTION B: STUDENT FEEDBACK

1. On a scale of 1 to 10, with 10 being the highest, please rank your work term on the following criteria:

- (a) Clarity of work term duties _____
- (b) Appropriateness of work term responsibilities _____
- (c) Degree of technical skill development _____
- (d) Value of work term experience to career development _____
- (e) Support and guidance received during work term _____

2. What is your overall opinion of this work term and have there been any changes to the Learning Contract and/or Job Description?

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