|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Visit Record** | | | | | | | | | | | | |
| Student’s Name |  | | | | | | Date | |  | | Time |  |
| Work Site |  | | | | | | CIP Code | | |  | | |
| Work Site Supervisor | |  | | | | | | | | | | |
| Contact Person (today’s visit) | | | | |  | | | | | | | |
| Purpose of Visit |  | | Student Observation | | | |  | Student Evaluation | | | | |
|  |  | | Problem Resolution | | | |  | Conference | | | | |
|  |  | | Other: | |  | | | | | | | |
| This form must be completed for work site visits. Remember to record observations, actions to be taken, and recommendations. Identify specific strengths and needed improvements. | | | | | | | | | | | | |
|  |  | |  | | |  | | | | | | |
| General Observations: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Student Conference/Comments: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Work Site Supervisor Conference/Comments: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Teacher/Coordinator’s Signature: | | | |  | | | | | | | | |