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| **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: |  |