



Co-op Experience  
Second Report

Date Sent \_\_\_\_\_

Date Due \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Faculty moderator(s) \_\_\_\_\_

Site \_\_\_\_\_ Supervisor \_\_\_\_\_

Comments should cover the period since your first report.

1. Discuss your co-op activities.

2. How do these activities relate to your learning objectives?

3. What have you learned personally, academically and professionally?

4. Are you receiving constructive supervision?  Yes  No

5. Are there any problems requiring our assistance?  Yes  No