

WORK SITE MONITORING FORM

OFF CAMPUS EDUCATION










Scheduled Visit

Drop In Visit

STUDENT AND EMPLOYER INFORMATION

Student Name	Date of Visit
School Off Campus Teacher Name	School
Organization Name	Role of Student within Organization
Supervisor Name	Supervisor Position

SAFETY

Is the student wearing the appropriate Personal Protective Equipment (PPE)?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
 Ear Protection <input type="checkbox"/>	 Eye Protection <input type="checkbox"/>	 Face Protection <input type="checkbox"/>	 Head Protection <input type="checkbox"/>	 Face Mask <input type="checkbox"/>	 Welding Mask <input type="checkbox"/>	 Protective Clothing <input type="checkbox"/>	 Hand Protection <input type="checkbox"/>	 Foot Protection <input type="checkbox"/>
Notes								
Does this worksite appear to be an orderly, well-maintained safe and clean working and learning environment?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes								

TEACHER REVIEW

Observation of/comments from student <hr/> <hr/> <hr/> <hr/> <hr/>
Observation of/comments from employer <hr/> <hr/> <hr/> <hr/> <hr/>
Highlights <hr/> <hr/> <hr/> <hr/> <hr/>
Questions/Concerns and Action to Be Taken <hr/> <hr/> <hr/> <hr/> <hr/>

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT: The personal information contained on this form is collected under the authority of Section 32(c) of Section 37 of the School Act and will be used for the purposes of verifying attendance and evaluating the performance of students registered in Off Campus Education.

DECLARATION

This review is fair and accurate.

School Off Campus Teacher Signature	Date
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