

### CO-OP TRAINING CLOSURE FORM

Students Name		Student ID	
Training Period			
Training Venue			
Work Supervisor			
Academic Advisor			

Post Training Requirements	
Task Log	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed
Assessment Form	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed
Report	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed
Poster	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed
Presentation	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed

*This part should include overall assessment of the trainee's performance, attitude, experience and compliance with Co-op rules and employer's requirements; training conditions; and lesson's learned for future improvement.*

Training Coordinator Assessment and recommendations:	
Signature:	Date:
Academic Advisor Assessment and recommendations:	
Final Grade:	
Signature:	Date:
Department Chairperson's Comments:	
Signature:	Date: