



Winter Lakes High School

Work Experience

Monthly Report



Student _____

Start Date _____

End Date _____

Work Site Placement _____

Supervisor _____

Phone _____

Supervisor Signature _____

Student Signature _____

Fill out hours worked each day and total them at the end of week. Include details of work performed and what skill was demonstrated on the lines below:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
							0

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
							0

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
							0

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
							0

Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
							0

0

Return forms to: Winter Lakes High School
C/O Erin Thomason
1501 West Central Blvd.
Coquille, OR 97423.

OR

Email to: ethomason@csd8.info