DATE: _____

CHECK-IN FORM

STUDENT NAME:_____ **STUDENT NUMBER:**_____

EMPLOYER: _____ **ROLE:**_____

SUPERVISOR: _____

1. **How is the placement going**?

2. **What are your responsibilities/tasks?**

3. **Anything you are specifically enjoying or that you don't like?**

4. **Do you see relevance of the work you are doing to your academic program?**

5. **Are there new skills that you needed to learn in order to perform the job?**

6. **Do you think this position is influencing your long-term career goals?**