

## CHECK-IN FORM

Student Name:

DATE:

Student Role:

Company Name:

Supervisor Name:

- 1. Please describe some of the main responsibilities / projects / routine tasks that you are currently working on? Have you been able to manage the workload assigned to you so far?*
- 2. Please describe your level of satisfaction with the training you received when you started your co-op?*
- 3. Are there any new skills that you were required to learn to perform in the role?*
- 4. Is there anything specific you are enjoying about your co-op, and/or that you don't enjoy?*
- 5. Do you feel comfortable approaching your supervisor and colleagues to ask questions and seek support when needed? Why or why not?*
- 6. Please describe how the work you are currently doing meets your co-op expectations and complements your academic program?*

**Would you like a Career Services Officer - Student Specialist to reach out to you to discuss any concerns (ex. communicating with your supervisor, keeping up with tasks, and adjusting to the workplace)?** YES NO

**Support services available to you while on co-op:**



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