

COMMUNITY WORK ASSESMENT PROGRAM
WORK SITE FOLLOW-UP REPORT

STUDENT'S NAME: _____ DATE: _____

WORK SITE: _____

SUPERVISOR'S NAME: _____

PERSON COMPLETING THE FOLLOW-UP: _____

MET WITH STUDENT: _____ MET WITH SUPERVISOR: _____

MET WITH BOTH STUDENT & SUPERVISOR: _____

FOLLOWED UP WITH CASELOAD TEACHER (if not) AND/OR FAMILY _____

REASON FOR VISIT: _____

VISIT OUTCOME: _____

FOLLOW -UP ACTIONS REQUIRED: _____