



Imperial Valley Regional Occupational Program

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Student Time Sheet

IVROP Course/Exerience _____

Instructor Name _____

Phone Number _____

Student Name _____

Location/School _____

Student Work Site _____

Supervisor Name _____

Phone Number _____

Week dating from _____

To _____

Month/Day/Year

Month/Day/Year

Include hours for class time.

Day	Time In	Time Out	Total Hours	Duties Observed/Performed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS				

1. Were there any problems you encountered this week on which you would like assistance or to spend class time discussing?

2. What challenges did you have? How did you handle the situation? _____

3. What new tasks or procedures did you learn on the job this week? _____

I certify that the information included above is true and correct to my knowledge.

Student Signature _____

Site Supervisor Signature _____

Date _____

Date _____