

SPECIAL EDUCATION Worksite Visit Record
A site visit and completion of this form must take place, at
a minimum of, every 30 calendar days.

Student's Name: _____

Worksite: _____

Supervisor: _____

Date of Visit: _____

Progress Note: (Briefly describe how the student is doing):

Attendance (Note absences in the last 30 days):

Health/Safety Check: Is the worksite safe for children?

	YES
	NO

Please list any safety concerns:

Signed by:

Certified Special Education Teacher