

ACAO Supervisor Form for CO-OP Students

Student

Student's Surname: _____

Student's 1st Given Name: _____

CO-OP/Practicum placement location: _____

Is this for a CO-OP program? (circle one) Y / N

If yes, please provide school name: _____

Start Date: _____ Expected End date: _____

Taking Responsibilities for Students Work

Supervisor's Surname _____

Supervisor's 1st Given Name _____

Supervisor's License No. _____

Start date of Supervision _____

Supervisor Signature _____

Note: A Practicum/ CO-OP supervisor contract is required by the College of Opticians of Alberta for all students.

Additional forms are available in the event that the supervisor is no longer assisting the student.

Secondary Supervisor

Additional or Secondary Supervisor for Student

Secondary Supervisor's Surname _____

Secondary Supervisor's 1st Given Name _____

Secondary Supervisor's License No. _____