

The Sound School Regional Vocational Aquaculture Center
60 South Water Street
New Haven, CT 06519

S.O.E. Site Visit

Student Name: _____ Date of Visit: _____

Employer Name: _____

Position: _____ Schedule: _____

Address: _____

Student Progress: _____

Safety Issues & Concerns

Comments (Student, Advisor or Employer)

Student Signature *Date*

Original: Student Portfolio (Career Services)
Copy: Mailed Home to Parent/Guardian
Student
Teacher/Advisor Folder

S.O.E. Vo-Ag Supervising Teacher *Date*

Employer's Signature *Date*