**Co-op and Work-Integrated Learning Initiative - Project Final Report**

**Report Completion Date: (YYYY/MM/DD)**

**PROJECT OVERVIEW**

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| **Project Title and Identifying Number:** |  | | |
| **Contact Name (email):** |  | | |
| **Report Submitted By:** | [Institution(s) and sector partner(s), where applicable] | | |
| **Project Initiation Date:** |  | **Project Completion Date:** |  |

**BC-WIL Council Institutional Representative Approval**

*By checking “Yes”, the author verifies that the lead institution’s representative on the BC Work-Integrated Learning Council Learning (previously “ACCE-WIL”) has reviewed and approved this report.*

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|  | Yes |

**Project Summary**

*Summarize briefly what your project was intended to accomplish, and to what extent it achieved this.*

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**PROJECT OUTPUTS, PRODUCTS OR DELIVERABLES**

*Referring to the formal application for your project, please list**its outputs, products and deliverables and indicate if they were attained (and to what extent) or not attained (and reasons why not).*

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**PROJECT IMPACT, LASTING LEGACY AND SUSTAINMENT**

**Impacts**

*As described in your project’s formal application, what were the short and long-term impacts and changes you expected from this project? Were they achieved, and to what extent?*

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**Legacy**

*If activity under this project will stop at the end of Initiative funding, please describe what enduring resources or achievements will remain. If applicable, please include any anticipated dissemination or sharing of information from this project (including scholarly activities such as publications, presentations, workshops, etc.).*

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**Sustainment**

*If some or all of the activities under this project are intended to continue beyond the end of Initiative funding, please describe the sustainment strategy for those activities. How will they be supported? Do you foresee substantial changes or evolution in them over the next 2-5 years?*

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**NUMBER OF STUDENT EXPERIENCES**

*If applicable, describe the number and type of new co-op and work-integrated learning experiences that were provided to students as a result of the project. Refer to Attachment 4 of the Co-op and Work-Integrated Learning Initiative* Applicant’s Guide *for guidance on defining the type and duration of experiences.*

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| **Type of co-op/work-integrated learning activity** | **Duration** | **Number of experiences 2019/20** | **Number of experiences 2020/21** |
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**EVALUATION**

*Referring to your project’s formal application, describe what evaluation activities you have done or will do to measure the project’s success. What evaluation strategies were used? How was data collected and analyzed? How does your evaluation support your assessment of the project’s success in attaining its products and impacts?*

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**PROJECT BUDGET AND EXPENDITURES**

*Referring to the budget section of your project’s formal application, please fill out the following table to show expenditures against identified budget items.*

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| --- | --- | --- | --- |
| **Budget item**  **(List all items on original budget that were funded by the Co-op and Work-Integrated Learning Initiative)** | **Amount budgeted** | **Amount expended** | **Balance remaining for this this item (if any)** |
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| **Total balance remaining (if any):** | | |  |