



COOPERATIVE WORK EXPERIENCE EDUCATION LEARNING OBJECTIVE FORM (COOP/CWEE/WRKX)

Student Name: Student ID #: Course/Section #
Student Email: Student Phone #:
Worksite Name: Worksite Address:
Supervisor: Email: Phone:

- 1. Each term that a Student is enrolled in a Work Experience class, it is necessary to identify new learning objectives. Learning objectives that reflect new or expanded job-related responsibilities must be written by the student then approved by the Employment Supervisor and the Instructor at the beginning of the term. The objective must be substantive, measurable, and attainable.
2. The Employment Supervisor will meet with the Instructor at least once during the term to evaluate the Student's performance on their learning objectives. The Instructor will award academic credit for successful completion of the program requirements.

Table with 2 columns: STUDENT LEARNING OBJECTIVES (STUDENT/EMPLOYMENT SUPERVISOR COMPLETE) and Supervisor Score. Rows 1-4 for learning objectives.

Agreement

The three participants in the Work Experience program agree with the validity of the above learning objectives. The Student agrees to abide by the program requirements. The Employment Supervisor will meet with the Instructor at least once during the term to evaluate the Student's performance on the learning objectives. The Instructor will award academic credit for successful completion of the objectives. The Employment Supervisor and the Instructor will provide supervision and guidance to insure maximum educational benefit from this work experience. The Contra Costa Community College District does not discriminate on the basis of race, national origin, sex, color, religion, age, or disability in employment, educational programs and activities. Employers who sign this contract are expected to uphold this policy in their selection of prospects for employment, educational processes, or activities. It is understood that the District will provide Worker's Compensation for UNPAID Internships and/or liability insurance as required by law.

Supervisor Signature Date
Student Signature Date
Instructor Signature Date

END OF TERM EVALUATION - INSTRUCTOR USE ONLY

Course Units: Final Grade: Paid Non-paid Course Hours Total =
Contact with Supervisor: 1st Contact Date: 2nd Contact Date:
Visitation of work site by instructor: Yes No Date:
Personal Consultation(s) with Student Yes No Date:
Final Supervisor Signature Date Average Hrs. Weekly
Final Instructor Signature Date