

Co-op Work Experience Objectives/Agreement

LMC Instructor: _____

Student's Name: _____

Date: _____

Social Security Number: _____

Employer : _____

Learning objectives which reflect new or expanded job responsibilities or levels of performance must be written by the student in consultation with the employment supervisor and the instructor. Objectives must be measurable and attainable by the close of the academic period. Minimum of one objective is required per unit of credit.

Obj# 1 a) What you will attempt to accomplish?..... by when?

b) How (what steps or methods) will you achieve it?

c) How will this be evaluated? by whom?

Obj# 2 a) What you will attempt to accomplish?..... by when?

b) How (what steps or methods) will you achieve it?

c) How will this be evaluated? by whom?

Obj# 3 a) What you will attempt to accomplish?..... by when?

b) How (what steps or methods) will you achieve it?

c) How will this be evaluated? by whom?

Obj# 4 a) What you will attempt to accomplish?..... by when?

b) How (what steps or methods) will you achieve it?

c) How will this be evaluated? by whom?

AGREEMENT: The participants agree in the validity of the above objectives. **Employer** and **Instructor** will provide supervision/guidance to insure maximum educational benefit from this work experience, and will meet during semester to discuss/evaluate student's progress.

Student's Signature

Empl. Supervisor's Signature

LMC Instructor's Signature

Director, Work Exp. Educ.

Evaluation Of Objectives

(Employment Supervisor's Use Only)

Contacts _____

Employer Contacts _____

Student _____

Obj #1

Obj #2

Obj #3

Obj #4

Rating Scale (To Be Done at End of Semester)

A= Far Exceeds Average Accomplishments **C=** Average Accomplishments
B= Better than Average Accomplishment **D=** Limited Accomplishments

Average Hrs.
Worked Weekly _____

Total Weeks Worked
During the Semester _____

Instructor's Signature _____

Date _____

CCCD does not discriminate on the basis of race, national origin, sex or handicap, in the employment or educational processes, and expects affiliated employers to also adhere to such policy.

S:Coop.doc 6/30/98

Employment Supervisor's Signature

Dist: 1)Work Experience Office 2) Employment Supr. 3) LMC Instructor 4) Student

Instructor's Use Only

Units _____

Grade _____

Number of _____

Number of _____