**CWEE Objectives/Agreement LMC Instructor:**

**Student’s Name:**  **Date:**

**Student ID 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 the semester to discuss/evaluate student’s progress.

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Student’s Signature Employer Supervisor’s Signature LMC Instructor’s Signature CWEE Coordinator

.**Evaluation Of Objectives** (Employment Supervisor’s Use Only)

**Instructor’s Use Only**

Units \_\_\_\_\_\_ Grade\_\_\_\_\_\_

Number of Employer contacts \_\_\_\_\_\_

Number of Student contacts \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Signature Date

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

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| --- | --- | --- | --- | --- | --- | --- |
| 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. Total Weeks Worked

Worked Weekly \_\_\_\_\_\_\_\_\_ During the Semester\_\_\_\_\_\_\_\_\_\_\_\_