



# CONTRA COSTA COLLEGE

## COOPERATIVE EDUCATION (COOP) LEARNING OBJECTIVES EDUCATIONAL AGREEMENT

Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Section # \_\_\_\_\_

Company/Work site: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Each term that a student is enrolled in a COOP-ED Class, it is necessary to identify a minimum of 3 new learning objectives. Learning objectives which 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 semester. The objective must be demanding measurable and attainable.
2. The instructor will discuss progress made in accomplishing the objectives with the Company/Agency Supervisor and the Student. From this evaluation, the instructor will contact the supervisor for the student final grade and grant credit for the work experience.

	STUDENT LEARNING OBJECTIVES (STUDENT/SUPERVISOR COMPLETE)	Final Grades
1	By the end of the semester I will learn and/or improve: _____ _____	
2	By the end of the semester I will learn and/or improve: _____ _____	
3	By the end of the semester I will learn and/or improve: _____ _____	
4	By the end of the semester I will learn and/or improve: _____ _____	

### Agreement

The three participants in the Cooperate Education Program agree with the validity of the above learning objectives. The student agrees to abide by the Cooperative Education requirements. The employment supervisor will meet with the instructor at least once during the semester to evaluate the student's performance on the learning objectives. The instructor will award academic credit for successful completion of the objectives. The employer and the College 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 or handicap, in employment, educational processes, or activities. Employers who sign this contract are expected to uphold this policy in their selection of prospects for employment, educational processes, or activities.

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_

### END OF TERM EVALUATION – INSTRUCTOR USE ONLY

Semester Units: \_\_\_\_\_ Final Grade: \_\_\_\_\_ Paid  Non-paid  Semester Hours Total = \_\_\_\_\_

Telephone Contact with Supervisor  Yes  No Date: \_\_\_\_\_

Visitation of work site by instructor  Yes  No Date: \_\_\_\_\_

Personal Consultation(s) with Student  Yes  No Orientation Date: \_\_\_\_\_ Final Conference Date: \_\_\_\_\_

Final Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_