



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 _____