

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:** _____

- Each term that a Student is enrolled in a Work Experience class, it is necessary to identify a minimum of 3 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 semester. The objective must be substantive, measurable, and attainable.
- The Supervisor will meet with the Instructor at least once during the semester to evaluate the Student's performance on their learning objectives. The Instructor will award academic credit for successful completion of the program requirements.

STUDENT LEARNING OBJECTIVES (STUDENT/SUPERVISOR COMPLETE)		Supervisor Score
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 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 semester 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: _____

Notes (Optional): _____

Final Instructor Signature _____ **Date** _____