Diablo Valley College  
COOPERATIVE WORK EXPERIENCE EDUCATION AGREEMENT AND OBJECTIVES FORM

Student _______________ : ______________ Company/Agency __________________________ Date:________________

Learning objectives which reflect new or expanded job-related responsibilities must be written by the Student, then reviewed and approved by the Company/Agency Supervisor and the Instructor at the beginning of the semester. The objectives must be demanding, measurable and attainable. The Instructor will discuss progress made in accomplishing the objectives with the Company/Agency Supervisor and the Student. From this evaluation and other criteria, the Instructor will grant credit for the work experience.

Student is responsible for making two required progress reports per semester, meeting for a final conference and submitting the field work report (see Handbook).

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ALL OBJECTIVES MUST BE ACCOMPLISHED BY THE END OF THE SEMESTER/SESSION

OBJECTIVES

1. 

2. 

3. 

AGREEMENT

The three participants in the Cooperative Education program agree with the validity of the above learning objectives. The Student agrees to abide by the Cooperative Education requirements. The Company/Agency 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 and the other program requirements. The Company/Agency 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, 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.

Student’s Signature______________________________________________________  Instructor’s Signature____________________________________________________

Company/Agency Supervisor’s Signature (or designee)______________________  Director, Cooperative Work Experience Education (or designee)______________________

END OF TERM EVALUATION

Instructor Use Only

Units________  Grade_______  Student Work Experience Eligibility Confirmed For: ____________ Occupation___  Paid_______ Non-Paid  Instructor’s

Number of Employer Contacts___  Number of Student Contacts___  Signature________________________  Date________________________

Semester Hours – Total______