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 employment 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 and program evaluation (see Handbook).

_____

_____*DVC*_____

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

OBJECTIVES

(Employment Supervisor's Use Only)
End of Term Evaluation of Objectives

Rating Scale
D=Limited Accomplishment
C= Average Accomplishment
B= Better Than Average Accomplishment
A= EXCELLENT ACCOMPLISHMENT

Average Hours Worked Per Week _____
Total Weeks Worked 16 per semester _____

_____
Employment Supervisor's Signature (or Designee)

1.	
2.	
3.	

AGREEMENT

The three participants in the Cooperative Work Experience Education program agree with the validity of the above learning objectives. The **Student** agrees to abide by the Cooperative Work Experience 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.

x_____ _____
Student's Signature *Instructor's Signature*

x_____ _____
Employment Supervisor's Signature (or designee) *Director, Cooperative Work Experience Education (or designee)*

END OF TERM EVALUATION

Instructor Use Only

Units_____ **Grade**_____

Number of Employer Contacts _____

Number of Student Contacts _____

Semester Hours - Total _____

Student Work Experience Eligibility Confirmed For:.

General ___ **Occupational** ___ **Paid** ___ **Non-Paid** ___

_____
Instructor's Signature ***Date***