## Diablo Valley College COOPERATIVE WORK EXPERIENCE EDUCATION AGREEMENT AND OBJECTIVES FORM

Student !	Company/Agency	Date:	
approved by the Company/A demanding, measurable and a Company/Agency Supervisor experience.	lect new or expanded job-related responsibilities gency Supervisor and the Instructor at the begattainable. The Instructor will discuss progress and the Student. From this evaluation and other or making two required progress reports per submitting the field work report (see I	ginning of the semester. The objectives must s made in accomplishing the objectives with criteria, the Instructor will grant credit for the w semester, meeting for a final conference and	be the
	ALL OBJECTIVES MUST BE SHED BY THE END OF THE SEMESTER/SESSION  OBJECTIVES	(Company/Agency Supervisor's Use Onl 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 18 per semester  Company/Agency Supervisor's Signature Designee)	
1.			
2.			
3.			
The Company/Agency and the work experience. The Contraction, religion, age, or disability expected to uphold this policy	AGREEMENT Dispersive Education program agree with the validative Education requirements. The Company/A car to evaluate the Student's performance on the completion of the objectives and the other program college will provide supervision and guidance Costa Community College District does not discontinuity in employment, educational programs and in their selection of prospects for employment, eWorker's Compensation for UNPAID Internships	ram requirements.  e to insure maximum educational benefit from criminate on the basis of race, national origin, activities. Employers who sign this contract educational processes, or activities. It is underst	this sex, are
Student's Signature	Instructor's Signatur	re	_
Company/Agency Supervisor's Signature (o	r designee)Director, Cooperative	e Work Experience Education (or designee)	-
	END OF TERM EVALUATION  Instructor Use Only		
UnitsGrade Number of Employer Contac Number of Student Contacts Semester Hours – Total	Student Work Experience Eligibility Confirmed For:. Genera  Signature		