

COOPERATIVE WORK EXPERIENCE EDUCATION PROGRAM
Course Requirements Method of Evaluation Agreement

I, _____, understand that I am being graded based on the following:

_____ I must complete _____ hours prior to ____/____/____ to receive full credit for ____ units.

_____ I must turn in my Cooperative Work Experience Application with my signature and my supervisor's signature to the Career Center to be accepted into the program and be assigned an instructor.

_____ I understand that my final grade will be based on the overall evaluation of the quality and thoroughness of work outlined in the course requirements. (See Method of Evaluation section)

_____ I am responsible for notifying my instructor on the status of my work and potential changes in working conditions.

_____ I am responsible for:
A. Scheduling three (3) meetings with my instructor.
B. Maintaining and reporting a record of my work.
C. Procuring and providing my supervisor's signature and evaluation to my instructor.

_____ I understand that I am responsible for working with my instructor and supervisor to establish a Course Work Plan which consists of:
A. Three (3) Learning Objectives
B. Career Development Assignment
C. Final Project

METHOD OF EVALUATION

_____ I understand that the Method of Evaluation will consist of:
A. Worksite Evaluation by Supervisor
Consisting of:
1. Evaluation of Learning Objectives
2. Evaluation of Work Habits & Employment Skills
B. Academic Evaluation by Instructor
Consisting of:
1. Attendance of three (3) scheduled meetings
2. Completion and submittal of Application by third week of school
3. Submittal of Supervisor's Evaluation
4. Completion and submittal of three (3) instructor approved Learning Objectives
5. Work Habits & Employment Skills form
6. Submittal of Career Development Assignment by ____/____/____.
7. Completion and submittal of the Final Project by ____/____/____.

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_____ I understand that in the event there are changes in my working conditions that would require me to drop the course, reduce my number of work hours/units, or petition for an Incomplete (determined on a case-by-case basis) I need to contact the Career Center and my instructor.

_____ I understand that each requirement is graded individually. One requirement will not make up for another requirement. (Example – Exemplary achievement of Learning Objectives will not make up for failure to complete required working hours.)

My initials on the above stated requirements certify that I understand my responsibilities for participating in the Cooperative Work Experience Education Program.

Student Signature

Instructor Signature

Coordinator/Director Signature

Date

Date

Date