



Cooperative Work Experience (CWE)

Student Learning Objectives

~ *Must be 18 years old* ~

Student Name:				School Year:	
Student ID:		Phone #:		School Semester:	
IVC Email:				CWE Course:	
Faculty Name:				Ticket #:	
Faculty Email:		Phone #:		# of Units:	
Supervisor Name:				Work Hrs.	
Supervisor Email:		Phone#:		CWE Type:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid

CWE JOB INFORMATION

What is your job title?			
List your current three main responsibilities and duties assigned.	1.		
	2.		
	3.		

Cooperative Work Experience Learning Objectives are brief statements that express student's goals to be accomplished by the end of the course. Three Learning Objectives are formulated by the student (with support from supervisor and faculty) then, reviewed and approved by both the CWE supervisor and the CWE faculty. Each Learning Objectives must be new or expanded on-the-job measurable learning objectives, which will serve as part of the basis for determining the student's grade. Then, signed by CWE faculty, the CWE employer/supervisor, and the student. Approved learning objectives are growth oriented and must be of value to the student and the employer. Additionally, the objectives must increase the student's knowledge and make him/her a more valued employee. Accomplishments of the approved objectives will be graded and applied towards final CWE course grade. For guidance, see [Developing S.M.A.R.T. Learning Objectives](#) and [Learning Objectives Worksheet](#).

Learning Objective #1 (Write your learning objective in final format below)	Final LO #1 Achievement Evaluation	
	Supervisor	Student
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
	Comments:	Comments:
Learning Objective #2 (Write your learning objective in final format below)	Final LO #2 Achievement Evaluation	
	Supervisor	Student
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
	Comments:	Comments:

Learning Objective #3 (Write your learning objective in final format below)	Final LO #3 Achievement Evaluation	
	Supervisor	Student
	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
	Comments:	Comments:

CWE GRADING			
Excellent = A	Above Average = B	Average = C	Needs Improvement = D

LEARNING OBJECTIVES & TRAINING AGREEMENT

Learning/Training Agreements: The student will comply with the Work Experience guidelines and regulations. The CWE faculty will visit the student's place of employment/internship, consult with the employer or the designated representatives to discuss student's educational growth on the job, and grant academic credit for successful completion of the program. The employer agrees to provide the necessary supervision, facilities, equipment, and materials on-the-job to ensure maximum educational benefit from this work experience. The employer/mentor will verify the hours completed by the student during the course term.

Alternatives to 'in-person' Consultation may be requested for approval in special circumstances when in the professional judgment of the instructor/coordinator, the benefits of in-person consultations are not materially diminished.

Student Signature:		Date:	
Employer Signature:		Date:	
Faculty Signature:		Date:	

FOR INSTRUCTOR USE ONLY

Employer/Site Visits	Student Meetings
1st Work Site Visit Date:	1st Student Meeting Date:
<input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____
Comments:	Comments:
Alternative site visit method Justification:	Alternative site visit method Justification:
2nd Work Site Visit Date:	2nd Student Meeting Date:
<input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____
Comments:	Comments:
Alternative site visit method Justification:	Alternative site visit method Justification:

FOR CWE OFFICE ONLY

Received By:		Date:	
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