COOPERATIVE WORK EXPERIENCE ***College of the Siskiyous***

Learning Objectives & Progress Report

Student Name_____ SSN _____-____-_____

Address_____ Phone #_____

Job Title_____ Semester/Year _____

Employer

Supervisor/Business Name _____

Address_____ Phone #_____

Objective: **Each semester a student participates in Cooperative Work Experience new learning objectives must be developed**. Objectives must be specific, measurable and agreed upon by the student, supervisor/employer and the Cooperative Work Experience program. For assistance in developing objectives, contact the Cooperative Work Experience Director on campus.

1._____ End of Semester
_____ Rating: 1. _____
_____

2._____ End of Semester
_____ Rating: 2. _____
_____

3._____ End of Semester
_____ Rating: 3. _____
_____

Must be signed by both Student and Supervisor and returned to Cooperative Work Experience Office within the established deadline.

We agree with the validity of the learning objectives as listed above.

Student Signature Date

Supervisor/Employer Signature Date

Faculty Coordinator Signature Date

Please check appropriate box:	5	4	3	2	1	N/A
4. **Job competence:** How does this student meet your normal standards of performance?						
5. **Relations with supervisor:** How does this student respond to supervision?						
6. **Relations with other people:** How does this student get along with fellow workers? The public?						
7. **Attendance:** How is this student's record of punctuality and regularity?						
8. **Responsibility:** How does this student accept responsibility and follow instructions?						

Rating Scale:
(Level of accomplishment)
5……Excellent
4.....Above average
3……Average
2……Needs Improvement
1……No Progress
N/A..Not Applicable

Rated By:

_____
Signature Date

Final Grade: ☐