

**El Camino College**  
**Cooperative Work Experience Education – Training Plan**

Semester \_\_\_\_\_ Year \_\_\_\_\_

Last Name: _____ First Name: _____ SSN#: _____ Student Position: _____ Paid _____ Volunteer _____ Employer: _____	*Instructor Use Only* Grade Based On (Indicate Letter Grades)
	Objectives _____
	Written Report _____
	Responsibilities _____
<b>STUDENT LEARNING OBJECTIVES</b>	Other _____
<i>Each semester it is necessary to identify <b>THREE</b> new learning objectives. CWEE students are expected to expand their job responsibilities or get involved in new learning experiences. The learning objectives must be <u>specific, measureable, and within his/her ability to accomplish</u>. The objectives must be: (1) formulated by the student and (2) reviewed and approved by both the employer and college instructor no later than the third week of the semester.</i>	Final Grade _____
	Units Earned _____

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Additional pages may be attached)

<b>RATING OF LEARNING OBJECTIVES</b>		
<b>SCALE:</b> 3 - Exceeds Expectations 2 - Accomplished Objectives 1 - Some Progress Made 0 - No Significant Progress Made	<b>**INSTRUCTOR OR EMPLOYEE USE **</b> <b>RATE EACH OBJECTIVE</b> 1. _____ 2. _____ 3. _____	<b>Rated by:</b> _____  <b>Title:</b> _____  <b>Date:</b> _____
<b>Total Hours Worked This Semester</b> _____		

We agree with the validity of the learning objectives specified above. The employer and college agree to provide the necessary supervision and support to ensure that the student receives appropriate educational benefit from this work experience. It is understood that the employer will provide adequate protection for the student through Worker's Compensation and/or liability insurance as required by law. El Camino College is considered the employer for CWEE students working on an unpaid basis.

\_\_\_\_\_  
 Employer's Representative

\_\_\_\_\_  
 Student

\_\_\_\_\_  
 ECC Instructor

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*Distribution: White – Instructor*

*Canary – Office*

*Pink – Employer*

*Goldenrod – Student*