

Cooperative Education Statement of Cooperation



Student Name (please print or type)		Company Name (please print or type)	
Student I.D. #		Business Address	
Class #	Units	Semester/Year	Supervisor Name (please print or type)

STATEMENT OF COOPERATION AGREEMENT

The student will comply with the Cooperative Education program guidelines and regulations. The employer and the college will provide necessary supervision and counseling to insure that the student/employee receives appropriate educational benefit from this work experience. The instructor-coordinator will visit the student/employee's place of employment, consult with the employer regarding the student's job performance, and grant academic credit for successful completion of the program. It is understood the employer will, as required by law, comply with all appropriate federal and state regulations. Students will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, sex, or handicap. The undersigned agree with the validity of the job-oriented learning objectives listed below.

Student Signature	Supervisor's Signature (employer)
Instructor-Coordinator Signature (Palomar)	Date

BEGINNING of SEMESTER: Set Learning Objectives

For each semester that a student is enrolled in Cooperative Education, it is necessary to identify new or expanded SMART job-oriented learning objectives (specific, measurable, attainable, relevant, and time sensitive). These objectives are developed by the student and then reviewed and approved by both the supervisor and instructor-coordinator. Should an objective require revision during the semester, the instructor-coordinator must be notified. The student/employee and the supervisor will evaluate objective accomplishments at the end of the course term.

Objective 1: _____

Objective 2: _____

Objective 3: _____

END of SEMESTER: Rate Student Performance on Learning Objectives

Rating Scale: 4= Outstanding 3= Very Good 2= Satisfactory 1 = Unsatisfactory

Supervisor Rating (please circle):

Objective 1: 4 3 2 1

Objective 2: 4 3 2 1

Objective 3: 4 3 2 1

Student Rating (please circle):

Objective 1: 4 3 2 1

Objective 2: 4 3 2 1

Objective 3: 4 3 2 1

Supervisor End of Semester Comments: _____

Supervisor's recommended letter grade (please circle): A B C D F

***** I certify the student has completed total hours within the dates of the course. *****

Supervisor Name and Title (please print)	Supervisor Signature	Date