

Sample Agreement With Co-op Sponsor I

(SCHOOL LETTERHEAD)

COOPERATIVE WORK EXPERIENCE
EDUCATION AGREEMENT

Student's Name _____ Date _____

Social Security No. _____ Company/Agency _____

Learning objectives which reflect new or expanded job-related responsibilities must be written by the student, then reviewed and approved by the employment supervisor and the instructor at the beginning of the semester. The objectives must be measurable and attainable. The instructor will discuss progress made in accomplishing the objectives with the employment supervisor and the student. From this evaluation and other criteria, the instructor will grant credit for the work experience.

OBJECTIVES

1. _____

2. _____

3. _____

AGREEMENT

The three participants in the Cooperative Education program agree with the validity of the above learning objectives. The **student** agrees to abide by the Cooperative Education requirements. The **employment supervisor** will meet with the instructor at least once during the semester to evaluate the student's performance on the learning objectives. The **instructor** will award academic credit for successful completion of the objectives.

The **employer** and the **college** will provide supervision and guidance to insure maximum educational benefit from this work experience. (Name Of School) does not discriminate on the basis of race, national origin, sex, or handicap, in employment, educational processes, or activities. Employers who sign this contract are expected to uphold this policy in their selection of prospects for employment, educational processes or activities.

Student's Signature

Instructor's Signature

Employment Supervisor's Signature (or designee)

Director, Cooperative Work Experience Education (or designee)

END-OF-TERM EVALUATION

Evaluation of Objectives (Employment Supervisor's Use Only)

1	2	3
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RATING SCALE

1 = Limited Accomplishment

2 = Average Accomplishments

3 = Better Than Average Accomplishments

4 = Far Exceeds Average Accomplishments

Average Hours Worked Per Week _____

Total Weeks Worked (18 Per Semester) _____

Employment Supervisor's Signature (or designee)

Instructor's Use Only

Units _____ Grade _____

Number of Employer Contacts _____

Number of Student Contacts _____

Semester Hours--Total _____

Student Work Experience Eligibility Confirmed For:

General Occupational Parallel

Alternate Paid Non-paid

Instructor's Signature

Date

Please Note: This is a sample agreement only. Do not adopt without the advice of your school's legal counsel.