 **Cooperative Work Experience Education (CWEE)**

🙞 **AGREEMENT** 🙞

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| **Semester**: Summer  Fall  Spring  Year: Click here to enter text. |

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| **STUDENT INFORMATION** | | | |
| Last Name: Click here to enter text. | | First Name: Click here to enter text. | |
| SWC ID No. : Click here to enter text. | Email: Click here to enter text. | | Phone No.: Click here to enter text. |

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| **COURSE** | |
| Course/Section #: Click here to enter text. | Units: Click here to enter text. |
| Instructor: Click here to enter text. | |

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| **COMPANY INFORMATION** | | | |
| Company/Agency: Click here to enter text. | | Supervisor: Click here to enter text. | |
| Address: Click here to enter text. City: Click here to enter text. Zip: Click here to enter text. | | | |
| Phone #: Click here to enter text. | Email: Click here to enter text. | | Paid  Non-Paid |

**OCCUPATIONAL CWEE PROGRAM STATEMENT**

* *The student will comply with the Cooperative Work Experience Education program guidelines and regulations.*
* *The agency and the college will provide necessary supervision and counseling to ensure that the student receives appropriate educational benefits from this work experience.*
* *The instructor will visit the student placement site; consult with the agency regarding the student’s job performance, and grant academic credit for successful completion of the internship.*
* *It is understood the college and agency will, as required by law, comply with all appropriate federal and state regulations.*
* *Pursuant to Labor Code Section 3368, workers’ compensation coverage is provided for students enrolled in work experience classes through the Southwestern Community College District.*
* *Agency reserves the right to terminate a student due to unsatisfactory progress, or failure to meet work standards, at which time the college will be notified.*
* *The college reserves the right to terminate a student who may become ineligible, at which time the agency will be notified. The undersigned agree with the validity of the job-oriented learning objectives listed below.*

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|  |  |  |  |  |
| Student’s Signature | Agency Representative Signature | Instructor’s Signature |
| Date | Date | Date |

Office of Student Activities, Room 601C, 900 Otay Lakes Road, Chula Vista, CA 91910, (619) 482-6537

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**INTRODUCTION**

Learning Objectives are specific, measurable, limited to a single definite result, and have a completion date

within this semester. Learning Objectives help to ensure that you, your job site supervisor, and your Work

Experience Instructor are all in agreement with what you are there to learn while you are on the job this semester.

**JOB-ORIENTED LEARNING OBJECTIVES**

* Each semester, a student enrolled in CWEE is required to identify new learning objectives.
* They should be specific, measurable, and within the student’s ability to accomplish during the semester.
* The student formulates the objectives, with the assistance and approval of both the company’s Supervisor and SWC Instructor.
* Should an objective require revision anytime during the semester/session, the instructor must be notified.

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| **Evaluation of Objective Accomplishment Completed by Company Supervisor** | |
| Evaluation of objective accomplishment will be based on the following rating scale: | |
| |  | | --- | | 1.Click here to enter text. | |  | | **1=Limited**  **2=Satisfactory**  **3=Above Average**  **4=Outstanding** |
| |  | | --- | | 2.Click here to enter text. | |  | | **1=Limited**  **2=Satisfactory**  **3=Above Average**  **4=Outstanding** |
| |  | | --- | | 3.Click here to enter text. | |  | | **1=Limited**  **2=Satisfactory**  **3=Above Average**  **4=Outstanding** |

**AGENCY REPRESENTATIVE COMMENTS:**

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| Click here to enter text. |

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| **SUMMARY STATEMENT OF HOURS & OBJECTIVES: completed by Instructor and Company Supervisor at the end of the semester/session.** |

We verify that the above student has worked from Start Date:Click here to enter a date. to End Date: Click here to enter a date. with a Total of \_Click here to enter text. hours and has satisfactorily achieved the learning objectives.

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| **Company Supervisor’s Signature** | **Date** | **Instructor’s Signature** | **Date** |