



(Print) Last Name _____ First _____ Initial _____ Student I.D. Number _____ # Units _____

(_____) (_____) _____
 Home Phone No. Worksite Phone No. Name of Supervisor Title

Name of Employer _____ Address _____ City _____ Zip _____

(Print) Instructor's Name _____ Telephone No. _____ Fax No. _____ E-mail _____

TRAINING AGREEMENT

- A. The student and employer shall comply with Cooperative Work Experience Education Program guidelines and regulations. The employer and the college will provide necessary supervision and counseling to ensure the student employee receives appropriate educational benefit from this work experience. The instructor 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.
- B. The undersigned acknowledge receipt of the separate Agency Agreement for Cooperative Work Experience Education between the San Francisco Community College District and the employer.
- C. The undersigned acknowledge the learning objectives below.

WORK RECORD SUMMARY: ____ - ____ - ____ to ____ - ____ - ____
 mo. day yr. mo. day yr.

WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	TOTAL HOURS WORKED
HOURS																			

Work Based Learning Objectives:

1. What? _____
 How achieved? _____
 Means of Evaluation: _____
 Unsatisfactory Satisfactory _____
2. What? _____
 How achieved? _____
 Means of Evaluation: _____
 Unsatisfactory Satisfactory _____
3. What? _____
 How achieved? _____
 Means of Evaluation: _____
 Unsatisfactory Satisfactory _____

Student Signature/Date _____ Supervisor Signature/Date _____ Instructor Signature/Date _____