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 _____-_____

| 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