# City College of San Francisco



**Work Experience Office, 50 Frida Kahlo Way, ARTS 210**

**San Francisco, CA 94112 ▪ (415) 452-7045**

Fall ❑ Spring ❑ Summer ❑ Year:

(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. Email

**TRAINING AGREEMENT**

1. 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.
2. The undersigned acknowledge receipt of the separate Agency Agreement for Cooperative Work Experience Education between the San Francisco Community College District and the employer.
3. The undersigned acknowledge the learning objectives below.

**WORK RECORD SUMMARY: - - to - -**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:

## What?

How achieved?

Means of Evaluation:

Unsatisfactory ❑ Satisfactory ❑ ❑

* 1. What?

How achieved?

Means of Evaluation:

Unsatisfactory ❑ Satisfactory ❑ ❑

* 1. What?

How achieved?

Means of Evaluation:

Unsatisfactory ❑ Satisfactory ❑ ❑

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