

Lorain County Community College WORK-BASED LEARNING GOALS AGREEMENT

Student:..... Student ID #:..... Course #:..... Credit Hours:.....
 Major:..... Semester:..... Faculty Advisor:.....

IMPORTANT: Complete this form by the end of your first week on the job. Student, student's work-place supervisor and faculty advisor should retain a copy of the agreement for their records.

SPECIAL NOTE: This is one of the major elements for evaluation of your work performance.

LEARNING GOALS/OBJECTIVES (How and what the student plans to learn from this work experience)

THE EMPLOYER WILL COMPLETE AN EVALUATION OF HOW THE STUDENT MET THESE GOALS AT THE END OF THE TERM.

Job Title:.....	Salary:	Starting Date:.....
Academic term (s):.....	Hours/Week:.....	Ending Date:.....

We, the below signed, agree with the suitability of the working/learning goals.

Student:.....	Faculty Advisor:.....	Supervisor:.....
Signature:.....	Signature:.....	Signature:.....
Student Phone:.....	Faculty Extension:	Company Name:.....
		Company Address:.....
	
		Phone:.....

This course is based on learning from work experience. This learning agreement represents a joint effort by the student, employer/on-the-job supervisor, and faculty advisor to document what the student will learn from the work experience and how the learning will be evaluated.