

# Cooperative Work Experience & Internships

## Statement of Cooperation



_____		_____	
<b>Student Name</b> (please print or type)		<b>Company Name</b> (please print or type)	
_____		_____	
<b>Student I.D. #</b>		<b>Business Address</b>	
_____		_____	
<b>Class #</b>	<b>Units</b>	<b>Semester/Year</b>	<b>Supervisor Name</b> (please print or type)

### STATEMENT OF COOPERATION AGREEMENT

The student will comply with the Cooperative Education program guidelines and regulations, including required minimum hours, set forth by California Ed Code, Title 5. The employer and the college will provide necessary supervision and counseling to insure that 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 course. It is understood the employer will, as required by law, comply with all appropriate federal and state regulations. Students will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, sex, or handicap. The undersigned agree with the validity of the job-oriented learning objectives listed below and certify the weekly employment or internship hours the student will be scheduled during the dates of the course.

**For Each unit of enrollment, the student MUST complete a minimum of 60 hours non-paid OR 75 hours of paid internship to receive a passing grade.**  
**Approximate scheduled hours of employment or internship per week:**

\_\_\_\_\_

_____	_____
<b>Student Signature</b>	<b>Supervisor's Signature (employer)</b>
_____	_____
<b>Date</b>	<b>Date</b>

_____	_____
<b>Instructor Signature (Palomar)</b>	<b>Date</b>

### BEGINNING of SEMESTER: Set Learning Objectives

For each semester that a student is enrolled in Cooperative Education, it is necessary to identify new or expanded SMART job-oriented learning objectives (specific, measurable, attainable, relevant, and time sensitive). These objectives are developed by the student and then reviewed and approved by both the supervisor and instructor-coordinator. Should an objective require revision during the semester, the instructor-coordinator must be notified. The student/employee and the supervisor will evaluate objective accomplishments at the end of the course term.

Objective 1: \_\_\_\_\_

\_\_\_\_\_

Objective 2: \_\_\_\_\_

\_\_\_\_\_

Objective 3: \_\_\_\_\_

\_\_\_\_\_

### END of SEMESTER: Rate Student Performance on Learning Objectives

Rating Scale: 4= Outstanding 3= Very Good 2= Satisfactory 1 = Unsatisfactory

<b>Supervisor Rating</b> (please check one):	<b>Student Rating</b> (please check one):
Objective 1: <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Objective 1: <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Objective 2: <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Objective 2: <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Objective 3: <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	Objective 3: <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

**Supervisor End of Semester Comments:** \_\_\_\_\_

\_\_\_\_\_

**\*\*\* I certify the student has completed  total hours within the dates of the course. \*\*\***

_____	_____	_____
<b>Supervisor Name and Title</b> (please print)	<b>Supervisor Signature</b>	<b>Date</b>