



# Learning Agreement

Chaffey  
College  
Cooperative  
Education  
Program

## PART I — EMPLOYMENT INFORMATION

TERM \_\_\_\_\_ YEAR \_\_\_\_\_

Student Name \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_  
STREET CITY STATE ZIP

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

## PART II — LEARNING OBJECTIVES

**GRADE**  
STUDENT SUPERVISOR

1. What will be learned? \_\_\_\_\_  
 \_\_\_\_\_  
 How will it be learned? \_\_\_\_\_  
 \_\_\_\_\_  
 How will it be measured? \_\_\_\_\_  
 \_\_\_\_\_
2. What will be learned? \_\_\_\_\_  
 \_\_\_\_\_  
 How will it be learned? \_\_\_\_\_  
 \_\_\_\_\_  
 How will it be measured? \_\_\_\_\_  
 \_\_\_\_\_
3. What will be learned? \_\_\_\_\_  
 \_\_\_\_\_  
 How will it be learned? \_\_\_\_\_  
 \_\_\_\_\_  
 How will it be measured? \_\_\_\_\_  
 \_\_\_\_\_

GRADE	
STUDENT	SUPERVISOR

## PART III — END OF TERM PROJECT

\_\_\_\_\_

## PART IV — SEMINARS – All students are required to complete 4 hours of instruction each term.

\_\_\_\_\_

## PART V

L.A. Due \_\_\_\_\_ Site Visit \_\_\_\_\_ Evaluation Date \_\_\_\_\_  
 Term # \_\_\_\_\_ Course Enrolled In \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ EMPLOYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-OP INSTRUCTOR SIGNATURE \_\_\_\_\_

DISTRIBUTION: WHITE – STUDENT FILE YELLOW – EMPLOYER PINK – STUDENT