

McKenzie Hall – MKH 210  
 Linn-Benton Community College  
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Term:  Fall  Winter  Spring  Summer \_\_\_\_\_ Year

Date: \_\_\_\_\_

## COOPERATIVE WORK EXPERIENCE JOB-RELATED LEARNING OUTCOMES

Student Name _____	Company/Agency _____	Supervisor _____
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**STUDENT: (200 points total – 2 part assignment)**

- **Part 1 (Beginning of CWE):** 100 pts. max. Identify three learning outcomes. The outcomes should be realistic, specific and agreed upon by you, your supervisor, and your CWE Faculty Coordinator. Supervisor signs on top line. **Scan and upload into Moodle** when complete.
- **Part 2 (End of CWE):** 100 pts. max. Your supervisor will evaluate you on how well you achieved your three learning outcomes. Supervisor signs on bottom line. **Scan and upload into Moodle** when complete.

**SUPERVISOR:**

- **Part 1 (Beginning of CWE):** Assist the student with identifying three learning outcomes. Sign and date on top line indicating receipt of intended outcomes.
- **Part 2 (End of CWE):** Evaluate the student on how well he/she achieved the three learning outcomes identified at the beginning of the term. Sign and date on bottom line.

**EVALUATION CRITERIA:**

(4) *Exceptional*    (3) *Exceeds Expectations*    (2) *Meets Expectations*    (1) *Below Expectations*

<b>Learning Outcome 1 :</b>	What are you planning to achieve? How do you intend to accomplish this? How will the completion of the outcome be measured? When are you going to complete the outcome?	<b>Evaluation (4-1)</b>
<b>Learning Outcome 2 :</b>	What are you planning to achieve? How do you intend to accomplish this? How will the completion of the outcome be measured? When are you going to complete the outcome?	<b>Evaluation (4-1)</b>
<b>Learning Outcome 3 :</b>	What are you planning to achieve? How do you intend to accomplish this? How will the completion of the outcome be measured? When are you going to complete the outcome?	<b>Evaluation (4-1)</b>

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Employer/Supervisor Signature **(At the beginning)**  
 (Verifies initial receipt of Learning Outcomes)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employer/Supervisor Signature **(At the end)**  
 (Verifies completion of Student Evaluation)

\_\_\_\_\_  
 Date