

Cooperative Education

Student Name: _____
 Term: Fall Winter Spring Summer
 Co-op Ed Coordinator: _____

Learning Objectives

Objectives What are you trying to accomplish? (What will you learn?)	Action Planned What specifically are you planning to do? (How will you learn?)	Measurement How will you know when you've completed? (How will you evaluate your progress?)

Company/Co-op Site: _____

Supervisor Signature & Date: _____ Student Signature & Date: _____