ORANGE COAST COLLEGE INTERNSHIP ACADEMY

Due

Student Learning Outcomes Agreement

Student Name _____ Semester _____

Student ID # _____ Phone (_____)_____

Faculty Advisor _____ Phone (_____)_____

Supervisor _____ Business Phone (_____)_____

Company Name _____

Instructions: It is necessary for the student intern to identify new and expanded learning outcomes each semester, which must be **specific, measurable**, and **attainable** within the semester. The outcomes must be developed and written by the student, and reviewed and approved by the employer and instructor at the beginning of each term. The employer, near the end of the semester, will do a graded evaluation (score out of 75) of the accomplishment of the learning outcomes and the college instructor will assign the final internship grade.

Please describe what you intend to learn, know/think, feel, or do when you have completed this internship experience.

Learning Outcome #1 – What do you want to learn, how will you learn it, and what will be the measurable result?
Students will develop workplace readiness skills in the areas of attendance, time management, proper workplace attire,
interpersonal skills (communication and customer service) positive attitude and teamwork.
Examples of work readiness include: Completion of work assignments, supervisor feedback and performance evaluations.
Learning Outcome #2 – What do you want to learn, how will you learn it, and what will be the measurable result?
Learning Outcome #3 - What do you want to learn, how will you learn it, and what will be the measurable result?

All three signatures REQUIRED

The undersigned student, employer, and instructor hereby agree with the terms and conditions of this Internship Placement Agreement and the validity of the learning outcomes. The employer and College agree to provide necessary supervision and counseling to insure maximum educational benefits to the student. The employer agrees to meet all employment regulations without regard to race, color, religion, age, national origin, sex or disability as required by the Internship. **The faculty & employer agree to at least one site visit.**

_____	_____	_____
Student's Signature	Employer's Signature	Faculty Advisor's Signature
_____	_____	_____
Student's Email	Employer's Email	Faculty Advisor's Email
Date _____	*Date* _____	*Date* _____