



Cooperative Education

Scottsdale Community College
9000 E Chaparral Rd
Scottsdale, AZ 85256

Learning Objectives Form

Date:

Semester:

Year:

Supervisor Name:

Student's E-mail:

Organization:

Student's Name:

Position Title:

Student ID:

Supervisor's Number:

Student's Number:

Directions: These statements must be specific, measurable, and related to the student's major course of study. The student in consultation with the Employer Supervisor and Faculty Advisor should formulate them. The student will be evaluated on the completion of each objective.

Part 1

State the **Task to** be accomplished

Please see Learning Objective Examples.

Part 2

Describe the **Learning Activities** that will be used to accomplish the new task.

Part 3

Describe how the **Achievement of the Task** will be determined.

Learning Objective One:

Part 1

Part 2

Part 3

Additional Comments:

Learning Objective Two:

Part 1

Part 2

Part 3

Additional Comments:

Learning Objective Three:

Part 1

Part 2

Part 3

Additional Comments:

Student/Employee

Employer/Supervisor

Faculty Advisor