



# Cooperative Education Student Learning Objectives

Please complete this form, sign, date and mail to:

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## GENERAL INFORMATION

Student Name	Academic Program
Site Name	
Supervisor Name	Title

## LEARNING OBJECTIVES

Learning objectives must reflect job-related responsibilities as agreed upon by the student, employer and the college. Objectives should help the student to:

- Demonstrate increasing levels of responsibilities, technical skill and knowledge of discipline-related professional practices.
- Recognize and articulate learning which is different from, and that goes beyond, classroom learning.
- Grow in their ability to identify, acquire and apply the professional and interpersonal skills needed to be successful in the workplace.

What skills and abilities do you have that you want to use and/or practice during the work experience? Please include skills learned in classes and professional skills such as communication, organizational skills, etc.

What specific skills do you hope to acquire or improve and what duties or responsibilities will help you achieve your objectives in this area?

## LEARNING OBJECTIVES (continued)

How do you want your work experience to influence or impact your future career plans?

What personal rewards or benefits do you hope to receive as a result of this work experience?

## REQUIRED

Supervisor Signature and Title	Date
Student Signature	Date
Faculty Signature and Title	Date