

Due: \_\_\_\_\_

# OCED 90/91 LEARNING OBJECTIVES WORKSHEET

Due no later than the third week of the semester 40 points

Student's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

The objectives must be new and expanded learning experiences each semester. They must be **specific, measurable, and accomplished within the current semester**. They must be developed and written by the student with assistance, review and approval by the student's employment supervisor and approval of the Work Experience instructor/coordinator. **Create one (1) objective for each unit you wish to earn.** You must complete this form – **you will need two if you are taking 5 or 6 units**, and obtain the required signatures no later than the third week of the semester to earn full points. You, your Coordinator, and your Supervisor will review this form. Your supervisor DOES NOT fill out the form – merely approves the form.

## LEARNING OBJECTIVE #1

Write out the objective that includes: an action word, description, measurement, and completion date.

To				
	Action Word	Description	Measurement	Completion Date

Which skill set(s) is being addressed? \_\_\_\_\_

## LEARNING OBJECTIVE #2

Write out the objective that includes: an action word, description, measurement, and completion date.

To				
	Action Word	Description	Measurement	Completion Date

Which skill set(s) is being addressed? \_\_\_\_\_

## LEARNING OBJECTIVE #3

Write out the objective that includes: an action word, description, measurement, and completion date.

To				
	Action Word	Description	Measurement	Completion Date

Which skill set(s) is being addressed? \_\_\_\_\_

## LEARNING OBJECTIVE #4

Write out the objective that includes: an action word, description, measurement, and completion date.

To				
	Action Word	Description	Measurement	Completion Date

Which skill set(s) is being addressed? \_\_\_\_\_

Agreement: The undersigned supervisor, student, and instructor agree with the validity of the objectives listed above. The supervisor and college agree to provide necessary supervision and counseling to insure maximum educational benefits to the student. The student agrees to abide by Work Experience guidelines.

Signatures: \_\_\_\_\_ Check One: 090 091  
Student Supervisor Instructor

Obj 11/08 White to Instructor Yellow to Instructor Pink to Supervisor Gold to Student

Circle number of OCED units for the semester: <b>1 2 3 4 5 6 7 8</b>
---