

PERFORMANCE AGREEMENT

(fill out one of these for each Learning Objective)

Student's Name: _____ Date: _____

Company Name: _____ Supervisor's Name: _____

Supervisor's Email: _____ Phone: _____

Student Learning Objective # _____ Target Date: _____

The Goal: _____

Learning Steps: _____

Measurement Criteria: _____

- It is understood that the employer will provide adequate protection for the student employee through Worker's Compensation and or liability insurance as required by law and by compliance with OSHA regulations.
- We agree with the validity of the learning objectives listed above. The employer and the college agree to provide the necessary supervision and counseling to ensure that the student/employee receives appropriate education benefit under the control of the College District.

Supervisor Signature, date

Student Signature, date

Instructor Signature, date

<p>END of semester:</p> <p>Supervisor's Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Rating:</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
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Rating Scale: 5 = Outstanding 4 = Good 3 = Average 2 = Fair 1 = Not done/no progress