

Lane Community College
Cooperative Education

Name: _____

Term: Fall

Winter

Spring

Summer

Learning Objectives

Objectives (What are you trying to accomplish?) (What will you learn?)	Action Planned (What specifically are you planning to do?) (How will you learn?)	Measurement (How will you know when you've completed?) (How will you evaluate your progress?)

Company/Co-op Site: _____

Supervisor Signature & Date: _____

Student Signature & Date: _____