

MEASURABLE LEARNING AGREEMENT

Name: _____

To be completed by student and the employer:

(For those students receiving credit, these Measurable Learning Goals are one basis of their evaluation.)

Learning Objective (What I want to learn)

Activities (What I will do to achieve my objective)

Documentation (The way that I will demonstrate to my faculty advisor what I have learned)

To be completed by faculty advisor if student is receiving credit:

Criteria (Standards used to assess my learning)

Date of completion (Due dates for the documentation described above)

Faculty Signature: _____

Date: _____

Employer Signature: _____

Date: _____

Student Signature: _____

Date: _____