

Term:  Fall  Winter  Spring  Summer \_\_\_\_\_ Year

Date: \_\_\_\_\_

**COOPERATIVE WORK EXPERIENCE  
 HEAVY DIESEL EQUIPMENT  
 JOB-RELATED LEARNING OUTCOMES**

Student Name _____	Company/Agency _____	Supervisor _____
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- 1. STUDENT:** Please write your outcomes and secure all necessary signatures **within two weeks of the beginning of your CWE.** If using Moodle submit online through Moodle, otherwise submit to the CWE Office by fax, email, or in person. (If unable to scan the signed document, turn in the unsigned document through Moodle and the signed document to the CWE office.)
- 2. SUPERVISOR:** **At the beginning of the CWE,** please sign and date indicating receipt of intended outcomes. **At the end of the CWE,** please evaluate student, sign, date and return for to the CWE office.

**EVALUATION CRITERIA:**

- (4) Exceptional      (3) Exceeds Expectations      (2) Meets Expectations      (1) Below Expectations*

*Evaluation*

<b>Learning Outcome 1 :</b> What are you planning to achieve? How do you intend to accomplish this? How will the completion of the outcome be measured? When are you going to complete the outcome?  Perform Preventive Maintenance (PM) <b>Inspections</b> on four machines. Document your actions in a brief report for each inspection. (Four reports: one for each inspection)	
<b>Learning Outcome 2 :</b> What are you planning to achieve? How do you intend to accomplish this? How will the completion of the outcome be measured? When are you going to complete the outcome?  Perform Preventive Maintenance (PM) <b>Services</b> on four machines. Document your actions in a brief report for each inspection. (Four reports: one for each inspection)	
<b>Learning Outcome 3 :</b> What are you planning to achieve? How do you intend to accomplish this? How will the completion of the outcome be measured? When are you going to complete the outcome?  Perform Preventive Maintenance (PM) <b>Repairs</b> on four machines. Document your actions in a brief report for each inspection. (Four reports: one for each inspection)	

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Employer/Supervisor Signature (At the beginning)  
 (Verifies initial receipt of Learning Outcomes)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Employer/Supervisor Signature (At the end)  
 (Verifies completion of Student Evaluation)

\_\_\_\_\_  
 Date