

GROSSMONT COLLEGE CSL EXPERIENCE (CSL)
LEARNING OBJECTIVES WORKSHEET

Student's Name:

Student ID #: _____

Course Number: _____

Community Agency Site: _____

Supervisor Name, contact information (address, phone #):

This worksheet will assist you in developing your objectives. The objectives must be new and expanded learning objectives, and must be specific, measurable, and accomplishable within the semester. They must be developed and written by the student, and reviewed and approved by your agent supervisor and CSL instructor. The objectives must be written in acceptable form (see examples).

Fill this form out completely, including the "final format," and obtain the required signatures while meeting with your instructor. At the first site visit, you, your instructor, and your supervisor will review the objectives and complete the CSL Agency Agreement.

OBJECTIVE #1:

1. What do you want to learn?

2. How will you learn this?

3. How will the results be measured?

4. What date will it be completed by? _____

OBJECTIVE #2:

1. What do you want to learn?

2. How will you learn it?

3. How will the results be measured?

4. What date will it be completed by? _____

(Use the back of this sheet if you have other objectives to list.)

Student's Signature: _____

Date: _____

Employer's Signature: _____

Date: _____