

**Dallas County Community College District**  
**INTERNSHIP/PRACTICUM/COOPERATIVE EDUCATION**  
**Evaluation Form- Learning Objectives (Part B)**

Student's Name \_\_\_\_\_ Course \_\_\_\_\_ Number \_\_\_\_\_ Section \_\_\_\_\_  
College \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_

**RATING**  
(Satisfactory/Unsatisfactory)

**Objective 1**

Date Started: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Learning Objective: \_\_\_\_\_ Sat. \_\_\_\_ Unsat. \_\_\_\_  
\_\_\_\_\_  
Measurement Standard: \_\_\_\_\_  
\_\_\_\_\_

**Objective 2**

Date Started: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Learning Objective: \_\_\_\_\_ Sat. \_\_\_\_ Unsat. \_\_\_\_  
\_\_\_\_\_  
Measurement Standard: \_\_\_\_\_  
\_\_\_\_\_

**Objective 3**

Date Started: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Learning Objective: \_\_\_\_\_ Sat. \_\_\_\_ Unsat. \_\_\_\_  
\_\_\_\_\_  
Measurement Standard: \_\_\_\_\_  
\_\_\_\_\_

We the undersigned agree to the validity of the above objectives: **(SIGN AT THE BEGINNING OF SEMESTER)**

\_\_\_\_\_  
Student Date Supervisor Date Instructor/Coordinator Date

Additional Comments concerning achievement of objectives (attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We the undersigned agree to the above rating of objective achievement: **(SIGN AT THE END OF SEMESTER)**

\_\_\_\_\_  
Student Date Supervisor Date Instructor/Coordinator Date