

ATTACHMENT 3
COOPERATIVE EDUCATION APPLICATION (Example)

(please print or type)

Date of Initial Application: _____

Name of College: _____

Student Name: _____
Last Name First MI

Student I.D number: _____ **Phone:** _____

Present Address: _____
PO Box / Street
City State Zip

Permanent Address: _____
PO Box / Street
City State Zip

Curriculum Major: _____ **Faculty Coordinator:** _____

GPA: _____ **SHC Completed:** _____ **Projected Graduation Date:** _____

NOTE: Current Transcript must be attached.

Placement Geographical Preferences: _____

Requested Beginning Date: _____

Hours Available: _____

Type of Placement Preferred: _____
(Industrial, Commercial, Governmental Agency, etc)

Work Experience: (last position first)

Employer: _____ **Supervisor:** _____
Name of Business Name Title

Address: _____
PO Box / Street
City State Zip

Duties: _____

Date Employed: _____ **Full-Time:** _____ **Part-Time:** _____
Beginning Date Ending Date Years/Months Years/Months

Add "Privacy Act of 1974" statement here.

ATTACHMENT 4
PLACED STUDENT INFORMATION WORKSHEET (Example)
(please print or type)

Date: _____

Name of College: _____

Student Name: _____
Last Name First MI

Student I.D Number: _____ **Phone:** _____

Present Mailing Address: _____
PO Box / Street
City State Zip

Curriculum Major: _____ **Faculty Coordinator:** _____

Beginning Date of Employment: _____

Weekly Work Schedule: _____
Days Hours

Hourly Rate of Pay: _____

Semester Scheduled For Employment: _____ Fall _____ Spring _____ Summer

NOTE: Current Job Description must be attached.

MEDICAL INSURANCE CERTIFICATION

Students must be covered by adequate health and accident insurance during a co-op work experience. Students who are enrolled in a co-op course must indicate the medical insurance they will be covered by before beginning their work experience each semester. Students who may need insurance should check with their co-op employer to see if insurance is available. _____ (community college) will not be responsible for any accident/injuries which occur as part of employment through the Co-op Program. Students may not file unemployment compensation while employed through the Co-op Program.

Insurance Information:

Name of Insurance Company: _____

Address: _____
PO Box / Street
City State Zip

Insurance Policy Number: _____

Add "Privacy Act of 1974" statement here.

ATTACHMENT 5
COOPERATIVE EDUCATION AGREEMENT
(Example 1)

The following statements constitute the Agreement on which participation in the Cooperative Education Program at _____ (community college) is based:

Placement and Employment Procedures

_____ (community college) and the cooperating employer agree to observe placement procedures and employment practices which conform to all federal, state, and local laws and regulations (including nondiscrimination toward any participant or employee because of race, color, religion, sex, veteran's status, handicap, or national origin).

College Responsibilities

1. Assess the student's skills, capacities, and career objective.
2. Refer the student to an employer of interest.
3. Provide consultation and coordination between the student, the employer, and the college.
4. Approve and evaluate the student's Measurable Learning Objectives for each training period.
5. Make arrangements for and conduct on-site visits with the co-op students and their immediate supervisor.
6. Determine a grade for the co-op experience and award college credit based on the student's performance and completion of required reports.

Employer Responsibilities

1. Provide a minimum of at least 160 or 320 hours of employment per semester/term depending on course credit assigned.
2. Identify a qualified employee to serve as the immediate supervisor who will assist the student in developing and evaluating the Measurable Learning Objectives that will be related to the student's academic studies.
3. Permit on-site visits by a college representative.
4. Notify the Cooperative Education Office at the college at least one (1) week before any action that might result in the termination or change of employment status of the student.
5. Encourage the student to continue his or her higher education to completion.
6. Compensate co-op student at a level consistent with regular employees in a similar training situation.

7. Provide Workmen's Compensation Liability Insurance for a co-op student during the entire work experience period.
8. Evaluate the student's performance during on-site visits and at the end of the semester/term.
9. Adhere to the Fair Labor Standards Act.
10. Give permission to use employer's name in co-op marketing/promotional materials.
11. Provide the student with a supervised, progressive, and meaningful work experience.
12. Assure a safe and healthy work environment.

Student Responsibilities

1. Report punctually and regularly for work.
2. Strive to do the best possible job for the employer.
3. Adhere, at all times, to the employer's work rules and regulations.
4. Notify the employer promptly if unable to work for any reason.
5. Develop Measurable Learning Objectives in conjunction with the immediate supervisor and faculty coordinator during the first two weeks of the work experience.
6. Be covered by adequate accident insurance.
7. Inform the college's Financial Aid Office of their co-op employment and report wages earned during the co-op work experience, if appropriate.

NOTE: Current Job Description must be attached.

Statement of Cooperation

I fully understand the responsibilities of all parties involved in this Cooperative Education Agreement and shall strive to make this a successful learning experience.

Student Signature

Date

Faculty Coordinator Signature

Date

Employer Signature

Date

Co-op Director Signature

Date

ATTACHMENT 6
COOPERATIVE EDUCATION AGREEMENT
(Example 2)

Student/Employee _____ Date _____

Student I.D # _____ Semester _____ Curriculum _____

COE _____ Section _____ Student _____

I Am Using My Current Employer: _____ Yes _____ No
Employer _____

Is This A Family Operated Business: _____ Yes _____ No

Supervisor _____ Phone _____
(Supervisor Evaluating Student's Co-op Work Experience Cannot Be Related to Student)

Employer Address _____

Faculty Coordinator _____ Phone _____

TERMS AND CONDITIONS

In consideration of the mutual benefits of the Cooperative Education Program, the college, the employer and the student agree as follows:

STUDENT: Agrees to develop well-planned measurable learning objectives in conjunction with the Faculty Coordinator and the employer in relation to the goals of his/her instructional program. Student also agrees to abide by the college's co-op rules and regulations and the employer and to immediately report to either the Co-op Director or Faculty Coordinator any problems occurring on the job or changes in job duties and responsibilities. Further, the student grants permission for the employer to discuss the student's progress with the Faculty Coordinator. Student also agrees to inform the college's Financial Aid Office of their co-op employment and to report the wages earned during the co-op work experience.

EMPLOYER: Agrees to provide the student with a supervised progressive work experience, assist the student in developing measurable learning objectives, provide orientation regarding company rules and regulations as well as inform student of company expectations. The employer further agrees to assure a safe and healthful working environment. Prior to the end of the semester employer will evaluate the student's progress and that time report reflects accurate hours worked. Employer further agrees to provide the student with a supervisor that is not related to the student.

COLLEGE: Agrees to assign a Faculty Coordinator to assist the student in developing measurable learning objectives and make periodic contact with the employer. Faculty Coordinator will also determine a grade for the completed co-op work experience and award college credit based on the student's job performance and completion of required reports.

NOTE: Current Job Description must be attached.

_____ Student Signature	_____ Date
_____ Faculty Coordinator Signature	_____ Date
_____ Employer Signature	_____ Date
_____ Co-op Director Signature	_____ Date

ATTACHMENT 7
RELEASE AGREEMENT (Example)

I, _____, understand that I have been accepted for a Cooperative Education work assignment. The work and learn partnership will involve _____ (community college) and _____ (employer). I acknowledge that the college will assume no financial responsibility in the event of any accident or illness suffered by said student as a result of the student's educational activities while enrolled in the Cooperative Education class at _____ (community college).

I also understand that I am personally responsible for seeing that arrangements are made through personal insurance or private funds to cover costs incurred for the medical, surgical, or emergency treatment of an accident or illness suffered while involved in the co-op partnership between the college and the employer.

The presence of the student's signature on this form acknowledges that the student understands the information stated in the release agreement.

This agreement must be signed at the time of the initial enrollment in the Co-op Program.

Student Signature _____
Date

Faculty Coordinator Signature _____
Date

Co-op Director Signature _____
Date

Add "Privacy Act of 1974" statement here.

ATTACHMENT 8
COOPERATIVE EDUCATION
MEASURABLE LEARNING OBJECTIVES WORKSHEET
(STUDENT PLACED WITH NEW EMPLOYER ONLY)

The Measurable Learning Objectives (MLOs) must clearly describe what you intend to accomplish during your work term. The MLOs must be reviewed by your supervisor (who can suggest modifications) during the first two weeks of the term and approved by your faculty coordinator. At the end of the work term, your supervisor will evaluate how well you accomplished each of the objectives. The suggested number of MLOs to complete is three (3).

MLO 1:

MLO 2:

MLO 3:

Student Signature

Date

Employer Signature

Date

Faculty Coordinator Signature

Date

ATTACHMENT 9
COOPERATIVE EDUCATION
MEASURABLE LEARNING OBJECTIVES WORKSHEET
(STUDENT PLACED WITH CURRENT EMPLOYER ONLY)

Describe Your Current Job Responsibilities With Your Employer (attach additional pages if necessary):

New Responsibilities During Cooperative Education Placement:

The Measurable Learning Objectives (MLOs) must clearly be based on your new responsibilities that will be accomplished during your work term. They must be reviewed by your supervisor (who can suggest modifications) during the first two weeks of the term and approved by your faculty coordinator. At the end of the work term, your supervisor will evaluate how well you accomplished each of the objectives. The suggested number of MLOs to complete is three (3).

MLO 1:

MLO 2:

MLO 3:

Student Signature

Date

Employer Signature

Date

Faculty Coordinator Signature

Date

ATTACHMENT 10
COOPERATIVE EDUCATION
TIME/WAGE REPORT (EXAMPLE) page 1 of 2

In order for a co-op student to receive academic credit, an account of time and days worked on the job must be recorded by the student and verified by the supervisor. This information is required for the college's records and will be kept **strictly** confidential.

Student name	Total hours for semester/term
Employer	Total wages before deductions

Month: _____ Year: _____

Weeks	S	M	T	W	Th	F	S	Total hrs	Weekly Wages
Monthly Total									

Summary of monthly tasks performed: _____

I certify that the above time report is a true statement of the hours worked this month.

I certify that the above time report is a true statement of the hours worked this month.

Student Signature _____ Date _____

Employer Signature _____ Date _____

Month: _____ Year: _____

Weeks	S	M	T	W	Th	F	S	Total hrs	Weekly Wages
Monthly Total									

Summary of monthly tasks performed: _____

I certify that the above time report is a true statement of the hours worked this month.

I certify that the above time report is a true statement of the hours worked this month.

Student Signature _____ Date _____

Employer Signature _____ Date _____

TIME/WAGE REPORT (EXAMPLE) page 2 of 2

Month: _____ Year: _____

	S	M	T	W	Th	F	S	Total hrs	Weekly Wages
Monthly Total									

Summary of monthly tasks performed: _____

I certify that the above time report is a true statement of the hours worked this month.

I certify that the above time report is a true statement of the hours worked this month.

Student Signature Date

Employer Signature Date

Month: _____ Year: _____

	S	M	T	W	Th	F	S	Total hrs	Weekly Wages
Monthly Total									

Summary of monthly tasks performed: _____

I certify that the above time report is a true statement of the hours worked this month.

I certify that the above time report is a true statement of the hours worked this month.

Student Signature Date

Employer Signature Date

ATTACHMENT 11
COOPERATIVE EDUCATION
ON-SITE VISITATION WORKSHEET (page 1 of 3)

Date of Visit: _____

Student Name: _____
Last First MI.

Curriculum Program: _____

Course: COE _____ Section _____ FALL SPRING SUMMER 20_____

Employer: _____

Address: _____

Supervisor Name: _____

Faculty Coordinator Name: _____

I. Interview between supervisor and faculty coordinator:

a. Does this co-op student fully understand the assigned responsibilities? ___ Yes ___ No
(If "no", please explain.)
Comments:

b. Does this co-op student have the knowledge to competently perform the assigned responsibilities? ___ Yes ___ No (If "no", please explain.)
Comments:

c. Has this co-op student helped to meet the needs of your department? ___ Yes ___ No
(If "no", please explain.)
Comments:

d. Rate this co-op student's overall job performance so far.
___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor
If rated "Very Good" or "Very Poor", please explain.
Comments:

Employer Signature

Date

ON-SITE VISITATION WORKSHEET (page 2 of 3)

II. Interview between co-op student and faculty coordinator:

a. Is your co-op work assignment consistent with the initial job description?

Yes No (If "no", please explain.) How?

Comments:

b. How are you able to relate your co-op assignment to your class work?

Comments:

c. How are you challenged by your co-op work assignments?

Comments:

d. How do you think this co-op work assignment will help you meet some of your career goals?

Comments:

e. Have you encountered any problems related to your Measurable Learning Objectives?

Yes No (If "yes", please explain.)

Comments:

f. Rate this co-op work assignment so far.

Very Good Good Fair Poor Very Poor

If rated "Very Good" or "Very Poor", please explain.

Comments:

Student Signature

Date

ON-SITE VISITATION WORKSHEET (page 3 of 3)

III. Faculty Coordinator Evaluation of Co-op Student's Performance at this time:

If rated "Very Good" or "Very Poor", please explain.

a. Appearance

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

b. Punctuality / Dependability

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

c. Subject knowledge

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

d. Quality of work

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

e. Quantity of work

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

f. Attitude towards work assignments

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

g. Interaction with co-workers

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

h. Interaction with supervisor

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

i. Leadership ability

___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

Comments:

Faculty Coordinator Signature

Date

ATTACHMENT 12
COOPERATIVE EDUCATION
MID-TERM EVALUATION WORKSHEET

Date: _____

Student Name: _____
Last First MI.

Curriculum Program: _____

Course: COE _____ Section _____ FALL SPRING SUMMER 20_____

Employer: _____

Faculty Coordinator Name: _____

Mid-term evaluation was completed:

_____ In Person _____ By Telephone _____ Other (explain) _____

1. My co-op employment position is related to my program of study. _____ Yes _____ No

2. I have been able to achieve my Measurable Learning Objectives. _____ Yes _____ No

3. My employer provides adequate training and supervision so that I can perform my work responsibilities. _____ Yes _____ No

4. My current co-op employment position is helping me to achieve my career goals. _____ Yes _____ No

5. My supervisor has provided me with weekly feedback concerning my performance on the job. _____ Yes _____ No

6. My work responsibilities have challenged me. _____ Yes _____ No

7. The overall quality of my current co-op employment position is graded as:

_____ Very Good _____ Good _____ Fair _____ Poor _____ Very Poor

If you mark "Very Good" or "Very Poor", please explain.

8. Describe any details of your co-op employment position that you believe your faculty coordinator should know:

ATTACHMENT 13
COOPERATIVE EDUCATION
EMPLOYER
EVALUATION OF STUDENT (END-OF-TERM)
WORKSHEET

Date of Evaluation: _____

Student Name: _____
Last First MI.

Curriculum Program: _____

Course: COE _____ Section _____ FALL SPRING SUMMER 20_____

Employer: _____

Address: _____

Supervisor Name: _____

Faculty Coordinator Name: _____

Please evaluate the co-op student objectively, as compared with other students of similar academic level, with other personnel assigned similar jobs, or with individual standards.

I. Evaluation of Co-op Student's Performance at completion of the term:

If rated "Very Good" or "Very Poor", please explain.

- a. Appearance
 Very Good Good Fair Poor Very Poor
- b. Punctuality / Dependability
 Very Good Good Fair Poor Very Poor
- c. Communication skills
 Very Good Good Fair Poor Very Poor
- d. Subject knowledge
 Very Good Good Fair Poor Very Poor
- e. Quality of work
 Very Good Good Fair Poor Very Poor
- f. Quantity of work
 Very Good Good Fair Poor Very Poor

- g. Attitude towards work assignments
 ___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor
- h. Interaction with co-workers
 ___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor
- i. Interaction with supervisor
 ___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor
- j. Leadership ability
 ___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor
- k. Potential for future development in this career
 ___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

II. Describe the co-op student's strengths.

III. Provide suggestions for improvement in the student's performance.

 Employer Signature

 Date

 Faculty Coordinator Signature

 Date

ATTACHMENT 14
COOPERATIVE EDUCATION
STUDENT'S SELF-EVALUATION WORKSHEET

Date of Self-Evaluation: _____

Student Name: _____
 Last First MI.

Curriculum Program: _____

Course: COE _____ Section _____ FALL SPRING SUMMER 20_____

Employer: _____

Address: _____

Supervisor Name: _____

Faculty Coordinator Name: _____

Please evaluate your progress during your co-op work assignment. This information will be used to evaluate the position. It is for college's *co-op coordinator use only* and will not be seen by employers.

1. Co-op Student Job Title: _____

2. Describe in detail your duties as a co-op student with this employer. Use additional pages if required.

3. Explain how you succeeded in meeting your Measurable Learning Objectives. Be specific. Use additional pages if required.

Objective #1

Objective #2

Objective #3

4. Identify areas of significant job-related learning not included in the objectives. Use additional pages if required.

5. Describe any significant positive or negative experiences that helped you learn during your co-op work assignment. Use additional pages if required.

6. Explain how your co-op work assignment has helped in your efforts to accomplish your career goals. Use additional pages if required.

7. Describe ways that your supervisor contributed to your learning and professional growth. Use additional pages if required.

8. Describe the training that was available. Use additional pages if required.

9. Describe any feedback from your employer concerning your performance on the job.

10. Would you accept a position with this employer after graduation?
 Very Likely Likely Uncertain Not Likely
Please explain:

11. Would you recommend this position for other co-op students? Yes No
Please explain:

Student Signature

Date

Faculty Coordinator Signature

Date

ATTACHMENT 15
COOPERATIVE EDUCATION
GRADE REPORT WORKSHEET (Example)

Date of Grade Report: _____

Student Name: _____
Last First MI.

Curriculum Program: _____

Course: COE _____ Section _____ FALL SPRING SUMMER 20_____

Employer: _____

Address: _____

Supervisor Name: _____

Faculty Coordinator Name: _____

- a. Attendance (Total Hours Worked) Assessment: _____
- b. On-Site Evaluation Assessment: _____
- c. Mid-term Evaluation Assessment: _____
- d. MLO 1 Assessment: _____
- e. MLO 2 Assessment (if applicable): _____
- f. MLO 3 Assessment (if applicable): _____
- g. Employer Evaluation of Student Assessment: _____
- h. Student Self-evaluation Assessment: _____
- i. Faculty Coordinator Assessment: _____

FINAL COURSE GRADE _____

Comments:

Faculty Coordinator Signature

Date

Co-op Director Signature

Date

ATTACHMENT 16
COOPERATIVE EDUCATION
Current Employer Worksheet (Example)

Facility Name: _____

Address: _____

City: _____ County: _____ State: _____

Zip code _____ Phone _____

Owner: _____ Email/Website: _____

Contact Person: _____ Extension: _____

Student name: _____ Semester/Year: _____

Present Position: _____ How Long? _____

Job Description: _____

Co-op MLO'S (attach additional): _____

New co-op job description: _____

College

Co-op Director/Instructor

Date

Employer Signature

Date

ATTACHMENT 17
COOPERATIVE EDUCATION
Initial Site Visit Worksheet (Example)
(To be completed before the beginning of the semester)

Company Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____

Email: _____ Hours of Operation: _____

Business Type (Check one): Office Manufacturing Service Health Industry

Home-Based Educational Other Explain: _____

Company has three (3) or more employees? (Check one) Yes No

Visit was completed in person? (Check one) Yes No

MLO's and Job Description explained to employer? (Check one) Yes No

The co-op experience at this company are generally (Check one): Paid Unpaid

Company requirements of employees or co-op students: Safety glasses Hard hat

Uniform Steel-toed work shoes Certification/license List: _____

Transportation Tools/Equipment Special skills List: _____

This facility appears to be a working environment that meets co-op requirements for the college, student and employer.

Signature

Title

Printed name

College