

WORK-BASED LEARNING (CO-OP) APPLICATION

SECTION 1 – TO BE COMPLETED BY THE STUDENT

Student Name: _____ Student ID#: _____

Address: _____

E-mail: _____ Phone#: _____

Are you 18 years of age or older? YES NO

Program: _____ Degree Diploma Certificate

Student Signature: _____

SECTION 2 – TO BE COMPLETED BY THE ADVISOR / WBL FACULTY COORDINATOR

Semester: _____ Course: _____

Section: _____

Credit Hours: _____

I verify that the student meets the eligibility requirements and has my recommendation to participate in co-op.

Faculty Coordinator: _____ Date: _____

*Forms 1-4 must be submitted for verification
within 2 days of the semester census date*

<p style="text-align: center;">ADMINISTRATIVE VERIFICATION</p> <p><input type="checkbox"/> Correct Program</p> <p><input type="checkbox"/> Registered in Datatel</p>

WORK-BASED LEARNING (CO-OP) AGREEMENT

Student Name _____	Program _____
Employer _____	Semester _____
Employer Address _____	Hours Required _____
_____	_____
Supervisor _____	Supervisor Phone _____
Supervisor Email _____	_____

Sandhills Community College and the cooperating employer/agency 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, disability, or national origin). The following statements constitute the Agreement on which participation in the Work-Based Learning Program at Sandhills Community College is based:

College Responsibilities

1. Provide consultation and coordination among the student, the employer, and the college.
2. Determine if the worksite is appropriate and conducive to the participant's learning.
3. Review and approve the job description or learning objectives.
4. Conduct on-site visits with students and their immediate supervisors.
5. Determine a grade for the work experience and award college credit based on the student's performance.

Employer Responsibilities

1. Provide at least the minimum hours of employment as indicated above.
2. Compensate student at a level consistent with regular employees in a similar training situation.
3. Identify a qualified employee to serve as the immediate supervisor, who will mentor the student and will complete all required forms, including the student's time sheet and evaluation.
4. Permit on-site visits by a College representative.
5. Notify the College of any issues or concerns regarding the student.
6. Provide Workers' Compensation liability Insurance as applicable according to state law.
7. Give permission to use employer's name in WBL marketing/promotional materials.
8. Adhere to the Fair Labor Standards Act. Assure a safe and healthy work environment.
9. Encourage the student to continue his/her higher education to completion.

Student Responsibilities

1. Report punctually and regularly for work. Notify the employer promptly if you are unable to work for any reason.
2. Adhere, at all times, to the employer's work rules and regulations.
3. Meet with your supervisor within the first week to review the job description or develop learning objectives that align with your program of study.
4. Inform the college's Financial Aid Office of the student's WBL employment and report wages earned during the work experience, if appropriate. Understand that federal and state law prohibits a student from collecting unemployment benefits after a paid WBL work experience has ended.

Statement of Cooperation

I have read, fully understand, and agree to abide by the responsibilities stated in this Agreement, and I will strive to make this a successful learning experience.

Student Signature Date

Employer Signature Date

Faculty Coordinator Signature Date

WORK-BASED LEARNING (CO-OP) ACTIVITY REPORT

Student Name: _____ Program: _____

Semester: _____

Work Start Date: _____

	<i>example</i>	MON	TUE	WED	THUR	FRI	SAT	SUN	
Dates	8/18/14								
Time	1-4 pm								
Total hours	3								Row Total

I verify this is a true and accurate account of hours worked.

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

If the student's work hours will not begin until after the semester census date, a one-hour orientation may be substituted to confirm student activity.

Orientation Date: _____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

WORK-BASED LEARNING (CO-OP) JOB DESCRIPTION/LEARNING OBJECTIVES

The job description **OR** learning objectives must align with your program of study and should clearly describe what you intend to accomplish during your WBL work term. They will be reviewed by your supervisor, who may suggest changes or additions within the first two weeks of the term, and approved by your WBL instructor.

If you are currently working for your WBL employer, your objectives must include learning new skills or levels of skills beyond what was demonstrated in a previous WBL or job training.

JOB DESCRIPTION: (may be attached to the Agreement in lieu of this form)

LEARNING OBJECTIVES:

By the end of the term, I will accomplish the following objectives as rated by my supervisor:

1.

2.

3.

4.

Student Signature

Date

I agree with the validity of these objectives and believe they can be reasonable accomplished in the hours required for the student.

Supervisor Signature

Date

WORK BASED-LEARNING (CO-OP) EMPLOYER CONSULTATION

**Student
Name
Program**

Semester

On site **Telephone** **Other (specify)** _____

Date of Consultation: _____

Student's performance at this time:

	Unsatisfactory	Satisfactory	Exceptional
Knowledge of subject			
Relations with coworkers			
Attitude toward work			
Reaction to supervision			
Quality of work			
Punctuality			
OVERALL PERFORMANCE			

Comments:

Supervisor Signature

Faculty Coordinator Signature

WORK-BASED LEARNING EMPLOYER'S EVALUATION

Student Name: _____ Semester: _____

Program _____

Please place a check mark in the space beside the best description of the student's performance in each category below. Please evaluate the student objectively, comparing him/her with other students of comparable academic level or similarly classified jobs.

<p style="text-align: center;">RELATIONS WITH OTHERS</p> <p><input type="checkbox"/> Exceptionally well accepted</p> <p><input type="checkbox"/> Works well with others</p> <p><input type="checkbox"/> Gets along satisfactorily</p> <p><input type="checkbox"/> Some difficulty working with others</p> <p><input type="checkbox"/> Works very poorly with others</p>	<p style="text-align: center;">ATTITUDE TOWARD WORK</p> <p><input type="checkbox"/> Outstanding enthusiasm</p> <p><input type="checkbox"/> Very interested and industrious</p> <p><input type="checkbox"/> Average in diligence and interest</p> <p><input type="checkbox"/> Somewhat indifferent</p> <p><input type="checkbox"/> Definitely not interested</p>
<p style="text-align: center;">JUDGEMENT</p> <p><input type="checkbox"/> Exceptionally mature</p> <p><input type="checkbox"/> Above average in making decisions</p> <p><input type="checkbox"/> Usually makes the right decision</p> <p><input type="checkbox"/> Often uses poor judgment</p> <p><input type="checkbox"/> Consistently uses poor judgment</p>	<p style="text-align: center;">DEPENDABILITY</p> <p><input type="checkbox"/> Completely dependable</p> <p><input type="checkbox"/> Above average in dependability</p> <p><input type="checkbox"/> Usually dependable</p> <p><input type="checkbox"/> Sometimes neglectful or careless</p> <p><input type="checkbox"/> Unreliable</p>
<p style="text-align: center;">ABILITY TO LEARN</p> <p><input type="checkbox"/> Learns very quickly</p> <p><input type="checkbox"/> Learns readily</p> <p><input type="checkbox"/> Average in learning</p> <p><input type="checkbox"/> Rather slow to learn</p> <p><input type="checkbox"/> Very slow to learn</p>	<p style="text-align: center;">QUALITY OF WORK</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Average</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Very poor</p>
<p style="text-align: center;">ATTENDANCE</p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Irregular</p> <p style="text-align: center;">PUNCTUALITY</p> <p><input type="checkbox"/> Regular</p> <p><input type="checkbox"/> Irregular</p>	<p style="text-align: center;">OVERALL PERFORMANCE</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Very good</p> <p><input type="checkbox"/> Average</p> <p><input type="checkbox"/> Below average</p> <p><input type="checkbox"/> Very poor</p>

Comments:

Supervisor's Signature

Date

WORK-BASED LEARNING (CO-OP) TIME REPORT

Student Name _____ Semester _____

Program _____ Hours Required _____

Please list clock hours and sum at the end of the week; ex. 4:30pm-6:00 PM
The supervisor's signature **must not** be dated prior to work listed on this timesheet.

Week of:	Hours								Total Hours for the Week	Supervisor's Initials
Monday Date:	Week#	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
<i>SAMPLE: May 23, 2020</i>	1			2:00-05:00		2:00-7:00			8	THD
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									
	16									
	Extra									

Total Hours:

I verify this is a true and accurate of hours worked.

Student Signature _____ DATE _____

I approve this statement of work hours.

Supervisor Signature _____ DATE _____