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| **COOPERATIVE WORK EXPERIENCE** | |  |
|  | |  |
| **STUDENT PROFILE & TRAINING AGREEMENT** | | |
|  |  |  |
| **QUARTER/YEAR** | Ex: Winter 2023 | **P.O. Box 98000 ~ 2400 S. 240th Street** |
| **DEPARTMENT** | Department | **Des Moines, WA 98198** |
| **DEGREE/CERTIFICATE** | Degree/Certificate | **206-592-3856** |
|  |  | [**http://coop.highline.edu**](http://coop.highline.edu) |

**STUDENT INFORMATION**

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| --- | --- | --- | --- |
| **STUDENT NAME** | Enter Full Name | **STUDENT ID#** | Enter Student ID. |
| **ADDRESS** | Street Address | **PHONE #** | Click or tap here to enter text. |
| **CITY, STATE, ZIP** | City, State. Zip | **EMAIL** | Student Email |
| **COOP DAYS** | Ex: M, T, Th | **COOP HOURS** | COOP Hours. |
| *I agree to work as shown below to meet the established Learning Objectives of the Coop program. I will keep the Coop Faculty Advisor informed of any change in my work or school status.* | | | |

**ORGANIZATION/SITE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERNSHIP**  **ORGANIZATION/SITE** | Internship Organization/Site | **SUPERVISOR’S PHONE #** | Supervisor Phone Number |
| **SUPERVISOR** | Supervisor Name | **TITLE** | Supervisor’s Title. |
| **EMAIL** | Email Address | **FAX #** | Supervisor's Fax Number |
| **ADDRESS** | Work Address of the internship | **CITY, STATE, ZIP** | City, State, Zip code |
| **STUDENT’S WORK TITLE** | Student’s Work Title | **DEPARTMENT** | Department. |
| **ORGANIZATION/SITE WEBSITE** | Organization Website |  |  |
| *I will provide a cooperative education placement and supervise the student as described in accordance with organization/site rules and regulations. Although this is not intended to be a binding employment agreement, if any difficulty should arise, I will contact the Coop Faculty Advisor and try to resolve the issues. The organization/site reserves the right to discharge the student at its discretion. The school may also terminate the agreement if the training station no longer accommodates educational requirements after due consultation with the organization/site and student. If the position is a paid internship, the organization/site will pay the student at least the hourly minimum wage as established by the Washington State Department of Labor and Industries. Volunteer positions are exempt from this requirement. The organization/site will comply with all applicable employment laws and regulations. The organization/site will provide appropriate safety instruction. The student will arrange a faculty advisor visitation to the site at least once during the quarter. The organization/site shall evaluate the student in writing on a form supplied by the college during the quarter the student receives the Cooperative Education credits. I realize that the student will earn college credit for planned learning related to the work experience directly related to the student’s degree or certificate. I agree to work with the student and Highline College Coop Faculty Advisor at the organization/site to evaluate the student’s work experience. This organization/site does not unlawfully discriminate in any of its employment practices on the basis of race, color, religion, sex, age, handicap, national origin, sexual orientation, veteran or military status, or marital status.* | | | |

**COOP FACULTY ADVISOR INFORMATION**

|  |  |  |  |
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| **FACULTY ADVISOR** | Faculty Advisor | **PROGRAM** | Ex: Administrative Management AAS |
| **ADVISOR PHONE #** | Advisor's Phone | **ADVISOR EMAIL** | Advisor's Email |
| *I will work with the student and Organization/Site to define the Learning Objectives. I will visit the worksite at least once to determine the student’s progress. Upon completion of the agreed upon Learning Objectives, I will assign a grade at the end of the quarter.* | | | |

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| Students Signature | Click or tap to enter a date. |  | Supervisor Signature | Click or tap to enter a date. |
| Student Signature | Date |  | Supervisor Signature | Date |

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| COOP Advisor Signature | Click or tap to enter a date. |
| Coop Faculty Advisor Signature | Date |

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| **COOPERATIVE WORK EXPERIENCE** | |  |
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| **LEARNING OBJECTIVES** | | |
|  |  |  |
| **QUARTER/YEAR:** | Ex: Winter 2023 |  |

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| **STUDENT** | Enter Full Name | **COOP FACULTY ADVISOR** | COOP Faculty Advisor |
| **SUPERVISOR** | Supervisor Name | **ORGANIZATION/SITE** | Organization Site |

**PURPOSE:** The Learning Objectives/Activities listed here will describe the tasks the student is assigned to learn during this quarter’s work-related experience. Additional sheets may be attached if needed. At least **one objective** must be defined **for each credit**. 1 credit=30 hours

|  |  |
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| **OUTCOME 1: WHAT** are you going to accomplish? | OUTCOME1 |

**HOW** are you going to accomplish it? (List the steps/activities to achieve the objective below.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **A.** | Activity 1-A | |
|  | **B.** | Activity 1-B | |
|  | **C.** | Activity 1-C | |
| **HOW** can you measure the results? | | | Result Measurement 1 |

|  |  |
| --- | --- |
| **OUTCOME 2: WHAT** are you going to accomplish? | OUTCOME2 |

**HOW** are you going to accomplish it? (List the steps/activities to achieve the objective below.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **A.** | Activity 2-A | |
|  | **B.** | Activity 2-B | |
|  | **C.** | Activity 2-C | |
| **HOW** can you measure the results? | | | Result Measurement 2 |

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| **OUTCOME 3: WHAT** are you going to accomplish? | OUTCOME3 |

**HOW** are you going to accomplish it? (List the steps/activities to achieve the objective below.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **A.** | Activity 3-A | |
|  | **B.** | Activity 3-B | |
|  | **C.** | Activity 3-C | |
| **HOW** can you measure the results? | | | Result Measurement 3 |

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| Students Signature | Click or tap to enter a date. |  | Supervisor Signature | Click or tap to enter a date. |
| Student Signature | Date |  | Supervisor Signature | Date |

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| COOP Advisor Signature | Click or tap to enter a date. |
| Coop Faculty Advisor Signature | Date |

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| **COOPERATIVE WORK EXPERIENCE** | |  |
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| **LEARNING OBJECTIVES** | | |
|  |  |  |
| **QUARTER/YEAR:** | Ex: Winter 2023 |  |

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| **STUDENT** | Enter Full Name | **COOP FACULTY ADVISOR** | COOP Faculty Advisor |
| **SUPERVISOR** | Supervisor Name | **ORGANIZATION/SITE** | Organization Site |

**PURPOSE:** The Learning Objectives/Activities listed here will describe the tasks the student is assigned to learn during this quarter’s work-related experience. Additional sheets may be attached if needed. At least **one objective** must be defined **for each credit**. 1 credit=30 hours

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| **OUTCOME 4: WHAT** are you going to accomplish? | OUTCOME4 |

**HOW** are you going to accomplish it? (List the steps/activities to achieve the objective below.)

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| --- | --- | --- | --- |
|  | **A.** | Activity 4-A | |
|  | **B.** | Activity 4-B | |
|  | **C.** | Activity 4-C | |
| **HOW** can you measure the results? | | | Result Measurement 4 |

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| **OUTCOME 5: WHAT** are you going to accomplish? | OUTCOME5 |

**HOW** are you going to accomplish it? (List the steps/activities to achieve the objective below.)

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| --- | --- | --- | --- |
|  | **A.** | Activity 5-A | |
|  | **B.** | Activity 5-B | |
|  | **C.** | Activity 5-C | |
| **HOW** can you measure the results? | | | Result Measurement 5 |

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| Students Signature | Click or tap to enter a date. |  | Supervisor Signature | Click or tap to enter a date. |
| Student Signature | Date |  | Supervisor Signature | Date |

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| COOP Advisor Signature | Click or tap to enter a date. |
| Coop Faculty Advisor Signature | Date |

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| **COOPERATIVE WORK EXPERIENCE** |  |
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**STUDENT EVALUATION**

|  |  |  |  |  |  |  |
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| **STUDENT** | Enter Full Name | | **QUARTER** | Ex: Winter | **YEAR** | Ex: 2023 |
| **PROGRAM** | Ex: Administrative Management AAS | | **COOP FACULTY ADVISOR** | | COOP Faculty Advisor | |
| **ORGANIZATION/SITE NAME** | | Organization Site | | | | |
|  | | | | | | |

**INSTRUCTIONS:** Please answer the following questions. It is important that you give an honest evaluation of your experience. Your input is important and will help us monitor and continually improve the quality of the Cooperative Education Program. Please return this form to your Coop Faculty Advisor. Thank you!

**1. Internship Site Evaluation**

a. How did you benefit from your work experience? Relate this to the outcomes of your learning objectives.

Click or tap here to enter text.

1. Comment on the supervision from your organization/site.

Click or tap here to enter text.

**2. Cooperative Education Program**

1. Comment on the assistance you received from your Coop Faculty Advisor.

Click or tap here to enter text.

1. How did you benefit from the seminar portion of the course? (If applicable)

Click or tap here to enter text.

1. Would you recommend Coop to other students?  Yes  No

Click or tap here to enter text.

1. Check the three most important benefits of your Cooperative Education experience:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Practical work experience for resume. |  | Chance to “test” career choices. |
|  | Made professional contacts for future job search. |  | Earned wages to offset college expenses. |
|  | Opportunity to relate classroom learning to “real world.” |  | Earned credit toward graduation requirements. |
|  | Motivated learning in the classroom. |  | Gained experience on sophisticated equipment not available at the college. |
|  | Learned human relations skills in the workplace setting. |  | Refined technical skills learned in the classroom, important in the workplace. |
|  | Helped make classroom theory more relevant. |  |  |

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| **COOPERATIVE WORK EXPERIENCE** |  |
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ORGANIZATION/SITE EVALUATION OF STUDENT

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT** | Enter Full Name | | **QUARTER** | Ex: Winter | | **YEAR** | Ex: 2023 |
| **PROGRAM** | Ex: Administrative Management AAS | | **COOP FACULTY ADVISOR** | | COOP Faculty Advisor | | |
| **ORGANIZATION NAME** | | Organization Site | | | | | |
| **SUPERVISOR’S NAME** | | Supervisor Name | | | | | |

**INSTRUCTIONS:** Please rate your student intern by answering each question using the rating scale below. It is important that you give an honest evaluation of your organization’s experience with your student intern. Your input is important and will help us monitor and continually improve the quality of the Cooperative Education Program. Thank you.

**4=Exceptional 3=Above Average 2=Average 1=Needs Improving 0=N/A**

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| --- | --- | --- | --- | --- | --- |
|  | **4** | **3** | **2** | **1** | **0** |
| **Human Relations:** | | | | | |
| Is friendly and courteous |  |  |  |  |  |
| Contributes to the team effort |  |  |  |  |  |
| Accepts feedback and responds appropriately |  |  |  |  |  |
| Able to communicate with a variety of people |  |  |  |  |  |
| **Professionalism:** | | | | | |
| Arrives prepared for work |  |  |  |  |  |
| Attends work regularly and is punctual |  |  |  |  |  |
| Professional in appearance and attitude |  |  |  |  |  |
| **Work Habits:** | | | | | |
| Looks for ways to improve and shows initiative |  |  |  |  |  |
| Seeks clarification when necessary |  |  |  |  |  |
| Is able to problem-solve |  |  |  |  |  |
| Works well independently |  |  |  |  |  |
| Meets goals and deadlines |  |  |  |  |  |
| Selects and applies appropriate technology to the task |  |  |  |  |  |
| **Quality of Work:** | | | | | |
| Deals with routine tasks efficiently |  |  |  |  |  |
| Is accurate and thorough |  |  |  |  |  |
| Uses creativity in task management |  |  |  |  |  |

**Has this student learned and demonstrated appropriate skills to be competitive for future employment in this field?**  Yes  No

**Would you recommend this student for employment in your own or another organization?**

Yes  No

|  |  |  |  |  |
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| Supervisor Signature | Click or tap to enter a date. |  | COOP Advisor Signature | Click or tap to enter a date. |
| Supervisor Signature | Date |  | Coop Faculty Advisor Signature | Date |

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| **Strengths**: | **Areas for Improvement:** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Supervisor Signature | Click or tap to enter a date. |  | COOP Advisor Signature | Click or tap to enter a date. |
| Supervisor Signature | Date |  | Coop Faculty Advisor Signature | Date |

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| **COOPERATIVE WORK EXPERIENCE** |  |
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**TIME SHEET**

|  |  |  |  |  |  |  |
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| **STUDENT** | Enter Full Name | | **QUARTER** | Ex: Winter | **YEAR** | Ex: 2023 |
| **PROGRAM** | Ex: Administrative Management AAS | | **COOP FACULTY ADVISOR** | | COOP Faculty Advisor | |
| **ORGANIZATION/SITE NAME** | | Organization Site | | | | |
| **POSITION HELD** | | Student’s Work Title | | | | |
|  | | | | | | |
| 1 credit=30 hours | | | | | | |

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|  | **Date** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **1st Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **2nd Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **3rd Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **4th Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **5th Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **6th Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **7th Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **8th Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **9th Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **10th Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| **11th Week** | Date | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

**Total hours of quarter:** Total Hours

**Earnings per hour:** Earnings per hour

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Students Signature | Click or tap to enter a date. |  | Supervisor Signature | Click or tap to enter a date. |
| Student Signature | Date |  | Supervisor Signature | Date |