



Dear Employer/Supervisor:

An employee or student intern in your organization has expressed an interest in improving job skills by enrolling in Cooperative Work Experience Education. The purpose of this course is to help the student obtain on-the-job training that will make him/her a more valuable worker. At the same time the course provides practical education that supplements the student's college education.

In order for this contribution to be documented for college credit, the program requires that several forms be signed and a minimum of three learning objectives be established (identifying new learning, validated by the supervisor) at the beginning of the semester. The student will work to achieve the objectives during the semester, and these objectives will be used as the basis of his/her evaluation at the end of the semester.

You will also be asked to verify the student's hours of participation by signing monthly time cards. The student is responsible for returning the cards to his/her instructor.

During the semester you will be contacted by a COS instructor. The instructor will make a minimum of one site visit to your organization to discuss student progress and gain your feedback about student participation.

If you have any questions, please feel free to contact me at 730-3742.

Thank you for your willingness to participate. Your support of our program is greatly appreciated! Sincerely,

A handwritten signature in black ink that reads "Brittney D. Faulkner". The signature is written in a cursive style with a large, prominent 'B' and 'F'.

Brittney Faulkner
Work Experience Program Coordinator
915 S. Mooney Blvd. • Visalia, CA 93277 • (p) 559 730 3700



Dear Student,

Welcome to the Cooperative Work Experience Education program (CWEE) at COS! This unique course offers you the opportunity to use job-site learning to earn college credit.

This packet contains all forms and information necessary for participation. Forms should be completed and returned to your instructor of record.

On the next page you will find a letter to your employer/supervisor at your work/placement site. Please remove this letter from the packet and give it to the supervisor who will be signing forms and evaluating your work.

Cooperative Work Experience Education is a valuable part of your college education. If you have questions or require assistance, feel free to contact me at 730-3742.

Sincerely,

A handwritten signature in black ink that reads "Brittney D. Faulkner". The signature is written in a cursive style with a large initial 'B' and a distinct 'D'.

Brittney Faulkner
Work Experience Program Coordinator
915 S. Mooney Blvd. • Visalia, CA 93277 • (p) 559 730 3700

WORK EXPERIENCE PROGRAM PARTICIPATION **INFORMATION**

This information is provided to assist you in using the forms in this packet. This information applies to student volunteers as well as paid employees.

Please keep this sheet! You may want to refer to it during the semester. If you have specific questions, contact your instructor.

MEASURABLE LEARNING OBJECTIVES (MLO's)

At the beginning of the semester you will establish at least "3" learning objectives. These must relate to the work you are doing this semester and be approved by your instructor and job/placement site supervisor. Included in this packet you will find instructions to assist you in developing your objectives. A special form is included for your learning objectives. You, as well as your instructor and work site supervisor must sign the form. Return the white copy to your instructor. For your convenience, access to the MLO form is available at the COS web site (Academic Programs & Classes → Work Experience → Directions For Writing MLOs → Work Experience MLO.doc. For additional information about this service, call 730-3742. Remember you must print and sign three copies! The evaluation of these objectives (by your site supervisor) is used in determining your semester grade.

AGREEMENT FORM

This form must be signed by 1) student 2) site supervisor 3) COS instructor. The white copy should be turned in to your instructor.

TIME CARDS

You are required to turn in time cards on a monthly basis. You may count a maximum of "20" hours per week (If you work less than "20" hours, you will report the actual number of hours worked).

***During summer session you may count all hours worked.**

All cards must be signed by your site supervisor.

OTHER REQUIREMENTS

Individual instructors have other requirements related to participation. Contact your instructor to discuss these requirements and to obtain a course syllabus. It is your responsibility to follow up with your instructor of record.

SITE VISIT

Your COS instructor is required to visit your work site during the semester. He/she must obtain your supervisor's signature during this visit. This visit offers your site supervisor 1) the opportunity to ask questions about this program 2) the opportunity to discuss your progress related to MLO's.

If you change employers, it is your responsibility to inform your instructor in person or by phone immediately. If you change employers, YOU MUST COMPLETE NEW FORMS.

TO DROP THIS CLASS

If you wish to drop work experience, you must contact staff in the Work Experience Program office, Kern Building, 738 or call (559)730-3742.

Required Hours of Participation

UNITS	PAID PARTICIPATION	VOLUNTEER/INTERN PARTICIPATION
1	75 hours/semester	60 hours/semester
2	150 hours/semester	120 hours/semester
3	225 hours/semester	180 hours/semester
4	300 hours/semester	240 hours/semester

1. Students are required to keep track of hours on a monthly basis. Time cards are included in the course packet.
2. Each time card must be signed by site supervisor to verify hours of participation.
3. Students must work the required number of hours to earn specific credit.

COOPERATIVE EDUCATION

To the Participant:

You are enrolled in a class which gives you an opportunity to use “experiential learning” or “learning by experiencing” to earn college credit. The learning that you will experience on the job, whether paid or volunteer, must be identified. This is accomplished by establishing Measurable Learning Objectives.

You will be asked to establish a minimum of three (3) MLOs. As this is a campus-wide program, with students from all disciplines participating, it is not possible to give an example from every discipline, however, the steps to be taken in establishing the MLOs are the same. Look over the instructions and write your MLOs.

MEASURABLE LEARNING OBJECTIVES

IMPORTANCE OF ESTABLISHING AND COMPLETING MLOs

Every student enrolled in Cooperative Education MUST establish a minimum of three (3) Measurable Learning Objectives (MLOs). The completion and rating of how well you accomplish the MLOs is the major determinant of your semester grade in Cooperative Education.

WHAT ARE MLOs?

A Measurable Learning Objective is a point to be reached, it is capable of attainment and measurement. MLOs establish successive levels of achievement in the movement toward accomplishing a specific goal, and should be tied to some specific period of time.

MLOs CONTAIN THE FOLLOWING

1. WHEN

You are limited to the amount of time you have to accomplish your MLOs, to be exact you have 17 weeks...actually less due to the time spent establishing these. Because of this time constraint you are required to finalize your MLOs, have them typed on the form provided, signed by your supervisor, and back to your instructor by the end of the third week.

2. WHAT

This is a concise statement of what will be achieved (gain a skill, improve a skill, gain knowledge, accomplish a task which offers learning opportunities, etc.) during the semester.

3. HOW

Be specific! Will someone train you? Will you spend time practicing and/or working under supervision? Will you read an instruction manual and carry assignments?

4. WHO WILL RATE AND HOW RATING WILL BE DONE

Name the person who will rate your accomplishment, be specific as to how rating will be done; i.e. test, observation, performance, etc.

EXAMPLES OF MLO PARTS

Below are examples of each part of the MLO, remember that once you have decided on the parts, the MLO must be written as a complete statement.

WHEN

If it is determined that your MLO will be accomplished on or before a specific date during the semester then start your statement of your MLO with that date... “On or before November 20XX...” or if the MLO will be worked on throughout the semester, the statement will begin with, “By the end of the semester.”

Your Measurable Learning Objective must be completed within the grading period...one semester.

WHAT

This will vary greatly depending on the job being performed. Below are examples of “What” statements.

I will increase my data entry speed...

I will be proficient in using Windows 7...

I will develop a one-week activities plan for our preschool children...

I will learn to operate the casting machine...

I will learn to skill of pruning three varieties of fruit trees...

I will learn to make grafts to (name of trees)...

HOW

You must state How you will accomplish WHAT.

I will be trained by Mr. John Scarbrough who will demonstrate the proper procedure and supervise my performance.

I will conduct library research on activities for preschoolers and write an activity for our daycare including instructions on coordinating the activity and supplies needed.

I will be trained by Mrs. Jones and read through the instruction manual.

WHO

John Scarbrough will observe me and rate my ability to operate the casting machine.

Mary Duncan will time my data entry speed and rate the improvement.

Jerry McAllister will rate the activities plan for use with our preschool children and if acceptable will incorporate this into our activities.

PUT IT ALL TOGETHER

Each MLO must be a complete statement incorporating the WHEN, WHAT, HOW and WHO.

Examples

1. By December 20XX I will learn to operate the casting machine. I will be trained by John Scarbrough who will instruct me and provide supervision during the training period. My progress will be checked each week and a final rating of my ability to operate the casting machine with speed and accuracy required of a casting machine operator will be done during the week of December 20XX.
2. During the Spring semester I will develop lesson plans, increase my understanding of teaching techniques, and improve my ability to give a planned presentation. I will accomplish this by attending a three week orientation, all the in-service workshops, and developing lesson plans for actual guided trail walk presentations under the supervision of Mr. Davidson. My ability to write acceptable lesson plans and make presentations to groups on planned topics will be rated by Mr. Davidson who will observe me as I work with students in a classroom setting and during trail walk presentations.
3. During this semester I will make a list of the problems in the production area that cause production downtime. I will determine the five mechanical problems which cause the most downtime and develop a plan for reducing occurrences and/or correct the problems. This will be accomplished by counting and charting for one month the mechanical problems causing downtime and presenting a proposal for correcting these to my supervisor for evaluation.

NOW IT IS YOUR TURN TO WRITE THREE MEASURABLE LEARNING OBJECTIVES.

*Be sure to show your MLO's to your supervisor and instructor before you type them on the MLO form.

*MLO form is also available online (cos.edu → Student Services → Student Support Services → Work Experience)



Name: _____ Banner ID: @_____

COOPERATIVE EDUCATION

MEASURABLE LEARNING OBJECTIVES (MLOs) (MINIMUM OF THREE – MAXIMUM OF FIVE)

A minimum of three Measurable Learning Objectives must be established at the beginning of the semester, completed during the semester, and rated by the on-site supervisor at the end of the semester. The Measurable Learning Objectives must be specific, measurable, and within the participant's ability to accomplish. The rating of the MLOs will be used by the instructor as one of the criterion for determining the semester grade.

MEASURABLE LEARNING OBJECTIVES:

TEXT:

The employer and college agree to provide the necessary supervision and counseling to insure the participant receives maximum education benefit from this experience. (Signed at the beginning of semester indicating agreement on MLOs).

Employer/Supervisor _____ College Instructor/Coordinator _____ Student (Please Sign Legibly) _____

END OF SEMESTER RATING

- E - - - Excellent (Outstanding Accomplishment)
- BA - - - Better Than Average (Better Than Average Accomplished)
- S - - - Satisfactory (Average Accomplishment)
- L - - - Limited (Below Average Accomplishment)

Rating: MLO #1 _____
 MLO #2 _____
 MLO #3 _____
 MLO #4 _____
 MLO #5 _____

Rated by: _____ (Sign at time of rating)
Date: _____

Final Student/Instructor Conference: Date: _____ Instructor's Signature: _____



Name: _____ Banner ID: @ _____

COOPERATIVE EDUCATION AGREEMENT

The purpose of the AGREEMENT is to assure that there is a mutual understanding between the *supervisor*, the *participating student*, and the *college* concerning the purpose of this Cooperative Education Agreement. It should be noted that the policy of the College of the Sequoias prohibits discrimination based on *race, color, national origin, sex, and handicap* in admission or access to, treatment, or employment in its programs or activities.

SUPERVISOR

Measurable Learning Objectives (MLO's) are established at the beginning of the semester. MLO's identify what will be learned or improved during the semester and will be rated by the supervisor at the end of the semester.

Employers/site supervisors or designated representatives agree to provide adequate supervision, facilities, equipment, and materials at the learning station (site) to achieve measurable learning objectives (MLO's).

Site supervisor/designated representative will comply with all federal/state employment regulations including CalOSHA requirements and any related industry standards.

Name of Company/Organization:

Address:

Print Name of Supervisor:

Telephone Number:

Signature of Supervisor:

Date:

STUDENT

The student agrees to abide by the rules that govern this program, which include responsibility for turning in all assignments at the required times, allowing an evaluation of learning objectives, and performing required activities. The student will keep the supervisor and college informed on matters affecting this agreement.

Signature of Participant:

Date:

Telephone Number:

College of the Sequoias

915 South Mooney Blvd., Visalia, CA 93277

The coordinating instructor will guide the student's education and job training. This includes assisting the supervisor with matters related to the student's work experience and determining the student's semester grade based on the evaluation and designated assignments. *Students who are volunteering to satisfy the requirements of the Cooperative Education/Internship class are covered by the College of the Sequoias student accident coverage during the time they are performing supervised volunteer work.*

Signature of Instructor/Coordinator:

Date:

Telephone Number:



Participant's Name _____ for the Month of _____ 20 _____

Banner ID: @ _____ Total Hours Worked _____ Paid or Volunteer

Instructor Assigned _____

Circle One

COS Work Experience Instructor

The supervisor's (or person in authority who can verify hours) signature indicates that the Cooperative Education participant worked the hours listed.

Worksite supervisor's signature

Date

This card must be signed by the supervisor, or a person in authority to verify that the hours listed were worked. All cards must be returned to the instructor assigned before the end of the first week of the new month. No more than 20 hours per week may be counted.



Participant's Name _____ for the Month of _____ 20 _____

Banner ID: @ _____ Total Hours Worked _____ Paid or Volunteer

Instructor Assigned _____

Circle One

COS Work Experience Instructor

The supervisor's (or person in authority who can verify hours) signature indicates that the Cooperative Education participant worked the hours listed.

Worksite supervisor's signature

Date

This card must be signed by the supervisor, or a person in authority to verify that the hours listed were worked. All cards must be returned to the instructor assigned before the end of the first week of the new month. No more than 20 hours per week may be counted.



Participant's Name _____ for the Month of _____ 20_____

Banner ID: @ _____ Total Hours Worked _____ Paid or Volunteer

Instructor Assigned

Circle One

COS Work Experience Instructor

The supervisor's (or person in authority who can verify hours) signature indicates that the Cooperative Education participant worked the hours listed.

Worksite supervisor's signature

Date

This card must be signed by the supervisor, or a person in authority to verify that the hours listed were worked. All cards must be returned to the instructor assigned before the end of the first week of the new month. No more than 20 hours per week may be counted.



Participant's Name _____ for the Month of _____ 20_____

Banner ID: @ _____ Total Hours Worked _____ Paid or Volunteer

Instructor Assigned

Circle One

COS Work Experience Instructor

The supervisor's (or person in authority who can verify hours) signature indicates that the Cooperative Education participant worked the hours listed.

Worksite supervisor's signature

Date

This card must be signed by the supervisor, or a person in authority to verify that the hours listed were worked. All cards must be returned to the instructor assigned before the end of the first week of the new month. No more than 20 hours per week may be counted.



Participant's Name _____ for the Month of _____ 20_____

Banner ID: @ _____ Total Hours Worked _____ Paid or Volunteer

Instructor Assigned

Circle One

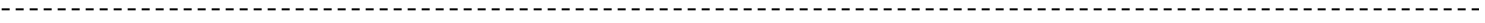
COS Work Experience Instructor

The supervisor's (or person in authority who can verify hours) signature indicates that the Cooperative Education participant worked the hours listed.

Worksite supervisor's signature

Date

This card must be signed by the supervisor, or a person in authority to verify that the hours listed were worked. All cards must be returned to the instructor assigned before the end of the first week of the new month. No more than 20 hours per week may be counted.



Participant's Name _____ for the Month of _____ 20_____

Banner ID: @ _____ Total Hours Worked _____ Paid or Volunteer

Instructor Assigned

Circle One

COS Work Experience Instructor

The supervisor's (or person in authority who can verify hours) signature indicates that the Cooperative Education participant worked the hours listed.

Worksite supervisor's signature

Date

This card must be signed by the supervisor, or a person in authority to verify that the hours listed were worked. All cards must be returned to the instructor assigned before the end of the first week of the new month. No more than 20 hours per week may be counted.