

COOPERATIVE EDUCATION AGREEMENT

**PRESS FIRMLY
FOUR PART
FORM**

TERM: F ☐ W ☐ Sp ☐ Su ☐ Today's Date _____ / _____ / _____

CRN _____

Student Name _____ Student L # _____ Major _____ () _____
Student Phone _____

Student Mailing Address _____ City _____ State _____ Zip _____ Student Email _____
has permission to register for & will receive _____ credits (_____ clock hours/_____ hours per week) upon successful completion of the work experience with:

Name of Company or Agency _____ Supervisor at Work Site _____ Agency Email _____
() _____ () _____
Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____
Description of learning experience (work assignments & duties) _____

Weekly schedule: Su _____ - _____ Wage _____ per _____ Unpaid ☐ **Co-op Coordinator:** _____
M _____ - _____ Th _____ - _____
Tu _____ - _____ F _____ - _____ Workers compensation insurance paid by:
W _____ - _____ Sa _____ - _____ Employer ☐ No Coverage ☐
Work Study ☐ Co-op* ☐

Special notes:

Student

I agree to work as shown above to receive Co-op credit. ***I will keep the Co-op Coordinator informed of any change in my work status.*** I understand that most LCC two-year programs allow a maximum of 18 Co-op credits toward graduation. Individual department requirements may vary.

In compliance with the Federal Family Education Rights and Privacy Act of 1974, I authorize release of school records and other records maintained by the Cooperative Education Office and Personnel in connection with the Cooperative Education program. It is understood that such information will be discussed only with LCC faculty and/or a potential employer. It is understood that such information will be discussed only with the LCC faculty and/or potential work experience employer who will agree not to release the information to any third party.

****If an injury occurs while on the job, students covered by the college must complete a college SAIF form and return it to the Cooperative Education Department within five days.***

Unemployment

Under certain circumstances, a student who has been placed in a Co-op position that has a beginning and ending work period may be denied unemployment benefits. Unpaid students are not eligible for unemployment benefits.

Employer

I will employ the student as described in accordance with company rules and regulations. Although this is not intended to be a binding employment agreement, if any difficulty should arise I will contact the coordinator and try to resolve the issues. It is my responsibility to comply with all state and federal employment, health, and safety regulations. I agree to maintain a safe work environment, free from discrimination and harrassment on the grounds of age, handicap, disability, national origin, marital status, parental status, religion, or sex. I agree that I will not release school records and work experience information to any third party without the express written consent of the student.

Lane Community College

A Cooperative Education Coordinator, as a representative of the College, will visit the employer as appropriate and assist the employer in solving any problems relating to the student's work experience. The Cooperative Education Coordinator will also assist the employer in planning meaningful experiences for the student. Co-op students have general liability coverage under the Lane Community College insurance policy. If the student is participating in a non-paid work experience, LCC may provide Workers Compensation Insurance coverage for work-related injury only. Students will be accepted into this program without regard to age, handicap, disability, national origin, race, marital status, parental status, religion or sex. LCC is an equal opportunity/affirmative action institution.

Routing

All parties must sign the top copy (white) of this form (press firmly) and the ***entire*** form returned to the Co-op Coordinator.

COOPERATIVE EDUCATION SUPERVISOR EVALUATION OF STUDENT

TERM: F ☐ W ☐ Sp ☐ Su ☐ Today's Date: _____ / _____ / _____

Return by:	Return to:
CRN	

Student Name _____ Student L # _____ Major _____ ()
Student Phone _____

Student Mailing Address _____ City _____ State _____ Zip _____ Student Email _____
has permission to register for & will receive _____ credits (_____ clock hours/_____ hours per week) upon successful completion of the work experience with:

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M _____ - _____ Th _____ - _____
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W _____ - _____ Sa _____ - _____ Employer ☐ No Coverage ☐
Work Study ☐ Co-op* ☐

Special notes:

KEY: 5 = OUTSTANDING 4 = VERY GOOD 3 = AVERAGE 2 = MARGINAL 1 = UNSATISFACTORY N/A = NOT APPLICABLE													
Quality of Work <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> Produces acceptable work, is accurate and thorough <input type="checkbox"/> Demonstrates progress in developing job specific skills <input type="checkbox"/> Performs duties in a timely and professional manner <input type="checkbox"/> Looks for ways to improve, shows initiative <input type="checkbox"/> Readily identifies problems and/or errors then makes corrections and/or finds solutions <input type="checkbox"/> Deals with routine tasks efficiently							Communication Skills <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> Accepts and responds appropriately to feedback and suggestions <input type="checkbox"/> Demonstrates ability to communicate effectively with co-workers, supervisors, managers, and clients <input type="checkbox"/> Works well with co-workers; contributes to team effort. <input type="checkbox"/> Understands and follow instructions <input type="checkbox"/> Respects and works effectively with diverse people						
Professionalism/Work Ethic <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> N/A <input type="checkbox"/> Manages time in an effective and appropriate way <input type="checkbox"/> Consistently follows through on tasks <input type="checkbox"/> Performs effectively under pressure <input type="checkbox"/> Demonstrates appropriate job-specific reading, writing and information skills <input type="checkbox"/> Uses technology competently, selecting tools appropriate to the task <input type="checkbox"/> Attends regularly, arrives on time and arranges lateness/time off in advance <input type="checkbox"/> Dress and grooming appropriate for the job										Overall Performance <input type="checkbox"/> OUTSTANDING <input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MARGINAL <input type="checkbox"/> UNSATISFACTORY			

Strengths: _____

Areas for improvement: _____

Please list specific skills this student has learned in this work site: _____

Additional comments (may use back or additional pages): _____

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

Has this report been discussed with the student? ☐ Yes ☐ No

Immediate Supervisor _____ Date _____



4000 East 30th Avenue
Eugene, OR 97405-0640
(541) 463-5203
Fax: (541) 463-4168

COOPERATIVE EDUCATION COORDINATOR / STUDENT CONTACT

TERM: F ☐ W ☐ Sp ☐ Su ☐ Today's Date _____ / _____ / _____

CRN

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Student Phone _____

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Work Study ☐ Co-op* ☐

Special notes:

STUDENT CONTACT

DATE	CAMPUS	PHONE	WORKSITE	EMAIL	COMMENTS
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____

ADDITIONAL NOTES / COMMENTS:

Grade _____ Credits (if different than above) _____ Coordinator Signature _____ Date _____