

**ROWAN-CABARRUS COMMUNITY COLLEGE  
COOPERATIVE EDUCATION  
STUDENT WORKBOOK**

Student Name: \_\_\_\_\_

COE: \_\_\_\_\_ Section: \_\_\_\_\_

Semester: \_\_\_\_\_

Major: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Faculty Coordinator: \_\_\_\_\_

**\*Submit to Faculty Coordinator no later than  
DECEMBER 8<sup>TH</sup>, 2009 COMPLETED!**

## **STUDENT WORKBOOK DIRECTIONS**

**Grade Sheet:** Faculty Coordinator to complete at final seminar

**Work Agreement:** Student, Faculty Coordinator, Employer to sign at Faculty Coordinator initial visit (Coordinator will contact you/employer for appointment)

**Insurance Form:** Sign at orientation

**Measurable Learning Objective(s):** Will be discussed and completed during Faculty Coordinator initial visit – everyone to sign.

**5 Time Sheets: (August, September, October, November, December)** – to be filled in daily and supervisor to sign at end of each month.

**5 Monthly Progress Reports: (August, September, October, November, December)** – to be completed at end of each month.

**Employer Mid-Semester Evaluation:** Supervisor to complete by October 2, 2009

**Employer Final Evaluation:** Supervisor to complete by December 3, 2009

**Student Program Evaluation:** Complete before December 8, 2009

**Workbook/Final Seminar:** Turn in to Faculty Coordinator by December 8, 2009

## WORKBOOK FORMS

Student Workbook Directions  
Grade Sheet  
Work Agreement  
Insurance Form  
Measurable Learning Objectives  
5 Time Sheets  
5 Monthly Progress Reports  
Employer Mid-Semester Evaluation  
Employer Final Evaluation  
Employer Program Evaluation  
Student Program Evaluation

\*\*\*Nursing has different Work Agreement

**GRADE SHEET  
FALL SEMESTER 2009**

**Coordinator:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**Co-op Orientation (3 points)** \_\_\_\_\_

**Work Agreement (3 points)** \_\_\_\_\_

**Insurance Form (3 points)** \_\_\_\_\_

**Measurable Learning Objective(s) (3 points)** \_\_\_\_\_

**Faculty Coordinator Initial Visit (3 points)** \_\_\_\_\_

**Time Sheets (5 points)** \_\_\_\_\_

**Progress Reports (5 points)** \_\_\_\_\_

**Faculty Coordinator Mid-Semester Evaluation (3 points)** \_\_\_\_\_

**Employer Mid-Semester Evaluation (3 points)** \_\_\_\_\_

**Faculty Coordinator End-of-Semester Evaluation (10 points)** \_\_\_\_\_

**Employer Final Evaluation (50 points)** \_\_\_\_\_

**Student Program Evaluation (3 points)** \_\_\_\_\_

**Employer Program Evaluation (3 points)** \_\_\_\_\_

**Final Seminar (3 points)** \_\_\_\_\_

**TOTAL POINTS:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**FACULTY COORDINATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Rowan-Cabarrus Community College**  
**Office of Work-based Learning and Cooperative Education**  
**Cooperative Education Work Agreement**

Student/Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

Major: \_\_\_\_\_ Semester.: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Supervisor: \_\_\_\_\_ Telephone \_\_\_\_\_

Co-op Student Position or Title \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

- Rowan-Cabarrus offers a Cooperative Education Program.
- The Cooperative Education Program involves classroom instruction, on-the-job training, and education.
- The above-named student desires to work for the employer in the position and according to the terms indicated below as part of the Co-op Program for which the student is involved.

As a result of the three-way partnership of the Co-op Program, Rowan-Cabarrus Community College, the employer, and student agree as follows:

**The employer agrees to:**

- Adhere to the Fair Labor Standards Act
- Provide the student with a supervised progressive and meaningful work experience.
- Assist the student in developing measurable learning objective(s).
- Provide orientation regarding company rules and regulations.
- Inform student of company expectations.
- Plan and provide a variety of meaningful progressive work experiences.
- Complete an evaluation report at mid-semester and at the end of each co-op work period and discuss with student.
- Provide a minimum of at least 160 , 320, or 480 hours of employment per semester/term depending on course credit assignment.
- Paid or unpaid.
- Permit on-site visits by a college representative(s).
- Assure a safe and healthful working environment.
- Permission to use company's name in Co-op related promotional/marketing materials.
- Provide Workman's Compensation Insurance for a Co-op student during the entire work experience period if the student holds a paid position.
- Encourage the student to continue his or her higher education to completion.

**The college agrees to:**

- Provide a co-op faculty coordinator to monitor the progress of the said student.
- Make arrangements for and contacts at least two on-site visits with the co-op student and their immediate supervisor.



Rowan-Cabarrus Community College  
Office of Work-based Learning and Cooperative Education

Accident Insurance Statement

I, \_\_\_\_\_ do understand that I have been accepted for a Cooperative Education work assignment. The work/learn partnership will involve Rowan-Cabarrus Community College and \_\_\_\_\_ (employer). I acknowledge that I will assume no financial responsibilities in the event of an accident or illness suffered while on the co-op work assignment, and that I will be covered through the college's accident plan. I further understand that if an accident/illness occurs, to or from the college, to the co-op work site the illness or any accident suffered by student will not be covered by the college's accident plan.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cooperative Education Director

\_\_\_\_\_  
Date





MEASURABLE LEARNING OBJECTIVES WORKSHEET  
(STUDENT PLACED WITH CURRENT EMPLOYER ONLY)

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

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**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.

**By the end of the semester, I will accomplish the following objectives:**

By the end of the semester, I will accomplish the following objectives:	Supervisor	Rating
MLO 1. _____	_____	_____
_____	_____	_____
MLO 2. _____	_____	_____
_____	_____	_____
MLO 3. _____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Employer Signature Date

\_\_\_\_\_  
Faculty Coordinator Signature Date





**Rowan-Cabarrus Community College  
Cooperative Education  
P.O. Box 1595  
Salisbury, NC 28145-1595**

**Employer Mid-semester Evaluation of Cooperative Education Student**

Student: \_\_\_\_\_ Job Title \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Instructions: Immediate supervisor will evaluate the student objectively comparing him/her with a student of comparable academic level; with other personnel assigned the same or similarly classified job, or with identical standards.

**Please check the appropriate response:**

**Attitude:**

Application to Work      Relations With Others      Ability to Learn

- |  |   |   |
|--|---|---|
| 1. ___ Outstanding in enthusiasm       | 1. ___ Exceptionally well accepted        | 1. ___ Learned work exceptionally well  |
| 2. ___ Very interested and industrious | 2. ___ Works well with others             | 2. ___ Learned work readily             |
| 3. ___ Average in diligence            | 3. ___ Gets along satisfactorily          | 3. ___ Average in understanding of work |
| 4. ___ Somewhat indifferent            | 4. ___ Has difficulty working with others | 4. ___ Rather slow in learning          |

**Judgment**

1. \_\_\_ Exceptionally mature in judgment
2. \_\_\_ Above average in making decisions
3. \_\_\_ Usually makes the right decisions
4. \_\_\_ Often uses poor judgment

**Dependability**

1. \_\_\_ Completely dependable
2. \_\_\_ Above average in dependability
3. \_\_\_ Usually dependable
4. \_\_\_ Sometimes neglectful

**Quality of Work**

1. \_\_\_ Excellent
2. \_\_\_ Very good
3. \_\_\_ Average
4. \_\_\_ Below average

**Please check the appropriate response:**

**Attendance:** 1. Regular \_\_\_ 2. Irregular \_\_\_      **Punctuality:** 1. Regular \_\_\_ 2. Irregular \_\_\_

<b>Overall Performance:</b> (please check appropriate category)	Outstanding	Very good	Average +                  -	Marginal (fair)	Unsatisfactory (poor)
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Briefly estimate student's potential in his/her career field and any training you will recommend for the student.

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.....  
.....

Student's response to this evaluation:.....

.....  
.....

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Evaluator

Signed \_\_\_\_\_ Date \_\_\_\_\_

Student

**Please return to the Office of Work-based Learning and Cooperative Education at Rowan-Cabarrus Community College.**

### Employer Final Evaluation of Co-op Student

Name of Student \_\_\_\_\_ Major \_\_\_\_\_

To be completed by co-op employer/supervisor

Please evaluate the student objectively, comparing him or her with other students of comparable academic work or with other personnel assigned to the same or similar classified positions. The completed form can be mailed to the Office of Work-based Learning/Co-op or faxed to (704) 639-0702.

Evaluation Criteria	Exceptional	Very Good	Average	Marginal	Not Applicable	Comments
Relation with others						
Judgment						
Ability to Learn						
Communication skills						
Technical skills						
Teamwork						
Dependability						
Quality of Work						
Quantity of work						
Potential for greater Responsibility						
Educational preparation For assignment						

Attendance: Regular  Irregular

Punctuality: Regular  Irregular

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle a letter grade in relation to the student's performance:

A Excellent 50 points	B Very Good 43 points	C Average 36 points	D Below Average 29 points	F Unsatisfactory 22 points
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*Signature for Co-op Site Supervisor* \_\_\_\_\_ *Date* \_\_\_\_\_



Rowan-Cabarrus Community College  
**COOPERATIVE EDUCATION**  
**EMPLOYER PROGRAM**



**EVALUATION**

NAME OF EMPLOYER SUPERVISOR: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

NAME OF CO-OP STUDENT: \_\_\_\_\_

SEMESTER OF CO-OP BEING EVALUATED: \_\_\_\_\_ YEAR: \_\_\_\_\_

This questionnaire affords you the opportunity to reflect upon your involvement with the cooperative education program and to evaluate its effectiveness in terms of your professional needs and those of your organization. You, the employer supervisor, are a valuable source of ideas to improve the program. We would appreciate your candid response to these questions.

Please check one or more answers, as appropriate, and return the completed evaluation to the Cooperative Education Office, Rowan-Cabarrus Community College, PO Box 1599, Salisbury, NC 28145-1595.

1. **How did you first find out about Cooperative Education at Rowan-Cabarrus Community College?**
  - Contact with RCCC representative
  - Media literature (advertisement, article)
  - Mailing
  - Other (please specify) \_\_\_\_\_
  
2. **Why did you choose to participate in the program?**
  - To recruit trained entry-level employees
  - To participate in the educational process
  - To meet need for temporary staff
  - To free permanent staff for upper-level duties
  - To save money
  - Other (please specify) \_\_\_\_\_
  
3. **Were the results what you expected?**
  - Yes (how) \_\_\_\_\_
  - No (please specify) \_\_\_\_\_
  
4. **How often were you visited by the student's co-op faculty coordinator?**  
\_\_\_\_\_

5. Were these meetings helpful?

- Yes (how) \_\_\_\_\_
- No (why not) \_\_\_\_\_

6. How would you rate your experience with the co-op program on these points?

		Excellent	Good	Average	Poor
a.	Utilizing your background and training as a supervisor				
b.	Value to your organization				
c.	Value to you as a professional in the field				
d.	Allowing you to participate in the formal educational process				

7. How did you feel about the importance of your efforts as far as contributing to the student's overall personal growth and professional development?

\_\_\_\_\_ Necessary or important  
 \_\_\_\_\_ Unnecessary or unimportant

8. How would you rate your individual co-op student on these points?

- a. Requesting the proper amount of direction and guidance
- b. Seeking you out when he/she had a problem
- c. Demonstrating concern about the job as a professional in the field
- d. Asking for your ideas and suggestions
- e. Discussing his/her performance with you
- f. Necessary level of skills
- g. Ability communicate effectively
- h. Adherence to meeting work deadlines

9. In what ways do you think the student's career goals were affected by the cooperative education experience?

\_\_\_\_\_ No change  
 \_\_\_\_\_ Became more certain of career choice  
 \_\_\_\_\_ Became less certain of career choice

10. Was the student offered a job upon completion of the cooperative education experience?

\_\_\_ Yes Did he/she accept? \_\_\_ Yes \_\_\_ No Reason: \_\_\_\_\_

Was the position \_\_\_ full-time \_\_\_ part-time

\_\_\_ No

11. Please rate those involved with the Cooperative Education Program as follows:

	Excellent	Good	Average	Below Average
Co-op Office (Secretary, Director, Job Developer)				
Co-op Faculty Coordinator				
Overall Program				

12. Would you like to utilize a co-op student again in the future?

\_\_\_ Yes \_\_\_ No

13. ADDITIONAL COMMENTS, SUGGESTIONS, IDEAS FOR IMPROVEMENT:



Rowan-Cabarrus Community College  
**COOPERATIVE EDUCATION**  
**STUDENT PROGRAM EVALUATION**



CURRICULM: \_\_\_\_\_ NAME: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
SEMESTER OF CO-OP: \_\_\_\_\_ YEAR: \_\_\_\_\_

This questionnaire affords you the opportunity to reflect upon your cooperative education work experience and to evaluate the program's effectiveness in terms of your personal and professional development. You, the student worker, are a valuable source of ideas to improve the program. We would appreciate your candid response to these questions.

1. How did you first find out about Cooperative Education at Rowan-Cabarrus Community College?

- Faculty Coordinator
- Poster/literature on campus
- Co-op Staff; class presentation
- Other student(s); employer
- Mailing
- Other (please specify) \_\_\_\_\_

2. Why did you choose to participate in the program?

- To obtain a job
- To earn academic credit
- To learn more about your field of study
- Other (please specify) \_\_\_\_\_

3. Were your expectations met?

- Yes (how) \_\_\_\_\_
- No (please specify) \_\_\_\_\_

4. Please provide a brief description of your job responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

Were these responsibilities similar to the original description of the job you were told about when you were interviewed and

hired? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. What assistance did you receive from your faculty co-op coordinator?

- Learning objective(s)
- Problem solving
- Critical thinking
- Interpersonal relations
- Other (please specify) \_\_\_\_\_

6. How often were you visited on the job by your faculty co-op coordinator? \_\_\_\_\_

7. How would you rate your experience with the co-op program on these points?

		Good	Average	Poor
a.	Utilizing your background and training			
b.	Importance to you			
c.	Challenging to you			
d.	Giving you valuable experience			
e.	Allowed you to transfer classroom learning to job experience			

8. How would you rate your on-site supervisor on these points?

		Good	Average	Poor
a.	Giving you the proper amount of direction and guidance			
b.	Availability when you have a problem			
c.	Discussing your performance with you periodically			

9. How would you rate your co-op faculty coordinator?

Available or listened to my academic/work ideas, concerns and problems. \_\_\_ Exc. \_\_\_ Good \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

Was available and open to personal, vocational, and academic suggestions \_\_\_ Exc. \_\_\_ Good \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

Assisted me in clarifying my work/academic ideas, goals, learning objectives, and problems in relation to Co-op \_\_\_ Exc. \_\_\_ Good \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

Overall rating of Co-op Faculty Coordinator \_\_\_ Outstanding \_\_\_ Good \_\_\_ Average \_\_\_ Below Average \_\_\_ Poor

10. In what ways were your career goals affected by your cooperative education experience?

- No change
- Became more certain of career choice
- Became less certain of career choice
- Other (please specify) \_\_\_\_\_

11. Were you offered a full-time job upon completion of the cooperative education experience?

- Yes
  - No, I was not
- Did you accept? Reason \_\_\_\_\_  
 Yes or No \_\_\_\_\_  
 \_\_\_\_\_

offered a \_\_\_\_\_  
full-time job. \_\_\_\_\_

12. Please rate those involved with the Cooperative Education Program as follows:

	Excellent	Good	Average	Below Average
Co-op Office Staff(Secretary, Director, Job Developer)				
Co-Op Faculty Coordinator				
Employer				
On-site Supervisor				
Overall Program				

13. ADDITIONAL COMMENTS, SUGGESTIONS, IDEAS FOR IMPROVEMENT.

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: \_\_\_\_\_

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:

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Student Signature

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Date

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Faculty Coordinator Signature

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Date