



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

COOPERATIVE EDUCATION INTERNSHIP AGREEMENT

Subject # _____

CRN _____

TERM: F W Sp Su Today's Date _____

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 _____ - _____ Work Site No Coverage
Work Study College

Special notes:

Student

I agree to participate in the Cooperative Education experience 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 Human Resources in connection with the Cooperative Education program. It is understood that such information will be discussed only with College faculty and/or a potential work experience supervisor 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 Division within five (5) 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.

Work Site Supervisor

I will supervise the student as described in accordance with company rules and regulations. This is not an employment agreement. The work site reserves the right to take immediate corrective action should an issue arise with a student and shall inform the coordinator of any such measures. It is also recognized that the work site has full authority in regards to taking first measures to resolve the problem to our satisfaction. It is my responsibility to comply with all applicable 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, upon agreement with the work site supervisor will arrange appropriate times to visit the work site in order to address student progress or problems relating to the student's work experience. The Cooperative Education Coordinator will also assist the supervisor in planning meaningful experiences for the student. Co-op students have general liability coverage under the College's insurance policy. If the student is participating in a non-paid work experience, the College 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. The College is an equal opportunity/affirmative action institution.

Work Site Supervisor Signature _____ Cooperative Education Coordinator Signature _____ Student Signature _____

Print Name _____ Date _____ Print Name _____ Date _____ Print Name _____ Date _____



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COOPERATIVE EDUCATION SUPERVISOR EVALUATION OF STUDENT

TERM: F W Sp Su Today's Date

Subject #

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 _____ - _____ Work Site No Coverage
Work Study College

Special notes:

KEY: 5 = OUTSTANDING 4 = VERY GOOD 3 = AVERAGE 2 = MARGINAL 1 = UNSATISFACTORY N/A = NOT

5	4	3	2	1	N/A	Quality of Work	5	4	3	2	1	N/A	Communication Skills
<input type="checkbox"/>	Produces acceptable work; is accurate and thorough	<input type="checkbox"/>	Accepts and responds appropriately to feedback and suggestions										
<input type="checkbox"/>	Demonstrates progress in developing job specific skills	<input type="checkbox"/>	Demonstrates ability to communicate effectively with co-workers, supervisors, managers and clients										
<input type="checkbox"/>	Performs duties in a timely and professional manner	<input type="checkbox"/>	Works well with co-workers; contributes to team effort										
<input type="checkbox"/>	Looks for ways to improve; shows initiative	<input type="checkbox"/>	Understands and follow instructions										
<input type="checkbox"/>	Readily identifies problems and/or errors then makes corrections and/or finds solutions	<input type="checkbox"/>	Respects and works effectively with diverse people										
<input type="checkbox"/>	Deals with routine tasks efficiently												

5 4 3 2 1 N/A Professionalism/Work Ethic

Manages time in an effective and appropriate way

Consistently follows through on tasks

Performs effectively under pressure

Demonstrates appropriate job-specific reading, writing and information skills

Uses technology competently, selecting tools appropriate to the task

Attends regularly, arrives on time and arranges lateness/time off in advance

Dress and grooming appropriate for the job

Overall Performance

OUTSTANDING

VERY GOOD

AVERAGE

MARGINAL

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 Signature _____

Immediate Supervisor Signature: Date _____ Print Name _____



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COOPERATIVE EDUCATION COORDINATOR / STUDENT CONTACT

Subject # _____

CRN _____

TERM: F W Sp Su Today's Date _____

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 _____ - _____ Work Site No Coverage
Work Study College

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"/>	_____

ADDITIONAL NOTES / COMMENTS:

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

Work Site Supervisor Signature _____ Cooperative Education Coordinator Signature _____ Student Signature _____
Print Name _____ Date _____ Print Name _____ Date _____ Print Name _____ Date _____