

## COOPERATIVE EDUCATION INTERNSHIP AGREEMENT

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:

### 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 harrasment 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

# COOPERATIVE EDUCATION SUPERVISOR EVALUATION OF STUDENT

TERM: F ☐ W ☐ Sp ☐ Su ☐ Today's Date

Subject #

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Student Phone \_\_\_\_\_

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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 \_\_\_\_\_ - \_\_\_\_\_

W \_\_\_\_\_ - \_\_\_\_\_ Sa \_\_\_\_\_ - \_\_\_\_\_

Workers compensation insurance paid by:

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		5	4	3	2	1	N/A	
<b>Quality of Work</b>							<b>Communication Skills</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Produces acceptable work; is accurate and thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepts and responds appropriately to feedback and suggestions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates progress in developing job specific skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates ability to communicate effectively with co-workers, supervisors, managers and clients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performs duties in a timely and professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Works well with co-workers; contributes to team effort
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Looks for ways to improve; shows initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understands and follow instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Readily identifies problems and/or errors then makes corrections and/or finds solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respects and works effectively with diverse people
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deals with routine tasks efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Professionalism/Work Ethic</b>							<b>Overall Performance</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manages time in an effective and appropriate way	<input type="checkbox"/> OUTSTANDING						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consistently follows through on tasks	<input type="checkbox"/> VERY GOOD						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performs effectively under pressure	<input type="checkbox"/> AVERAGE						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates appropriate job-specific reading, writing and information skills	<input type="checkbox"/> MARGINAL						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses technology competently, selecting tools appropriate to the task	<input type="checkbox"/> UNSATISFACTORY						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attends regularly, arrives on time and arranges lateness/time off in advance							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dress and grooming appropriate for the job							

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 \_\_\_\_\_



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

Subject #

CRN

Student Name \_\_\_\_\_ Student L # \_\_\_\_\_ Major \_\_\_\_\_ ( ) \_\_\_\_\_  
Student Phone \_\_\_\_\_

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Tu \_\_\_\_\_ - \_\_\_\_\_ F \_\_\_\_\_ - \_\_\_\_\_

W \_\_\_\_\_ - \_\_\_\_\_ Sa \_\_\_\_\_ - \_\_\_\_\_

Workers compensation insurance paid by:

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