



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

# COOPERATIVE EDUCATION AGREEMENT

**PRESS FIRMLY  
FOUR PART  
FORM**

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   
M \_\_\_\_\_ - \_\_\_\_\_ Th \_\_\_\_\_ - \_\_\_\_\_  
Tu \_\_\_\_\_ - \_\_\_\_\_ F \_\_\_\_\_ - \_\_\_\_\_ Workers compensation insurance paid by:  
W \_\_\_\_\_ - \_\_\_\_\_ Sa \_\_\_\_\_ - \_\_\_\_\_ Employer  No Coverage   
Work Study  Co-op\*

**Co-op Coordinator:** \_\_\_\_\_  
**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.

Employer or Work Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Cooperative Education Coordinator \_\_\_\_\_ Date \_\_\_\_\_ Student \_\_\_\_\_ Date \_\_\_\_\_



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# 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 \_\_\_\_\_

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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:  
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Work Study  Co-op\*

**Special notes:**

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

5	4	3	2	1	N/A		5	4	3	2	1	N/A	
<input type="checkbox"/>	<b>Quality of Work</b>	<input type="checkbox"/>	<b>Communication Skills</b>										
<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												
<input type="checkbox"/>	<b>Professionalism/Work Ethic</b>							<b>Overall Performance</b>					
<input type="checkbox"/>	Manages time in an effective and appropriate way							<input type="checkbox"/> OUTSTANDING					
<input type="checkbox"/>	Consistently follows through on tasks							<input type="checkbox"/> VERY GOOD					
<input type="checkbox"/>	Performs effectively under pressure							<input type="checkbox"/> AVERAGE					
<input type="checkbox"/>	Demonstrates appropriate job-specific reading, writing and information skills							<input type="checkbox"/> MARGINAL					
<input type="checkbox"/>	Uses technology competently, selecting tools appropriate to the task							<input type="checkbox"/> UNSATISFACTORY					
<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												

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



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# COOPERATIVE EDUCATION COORDINATOR / STUDENT CONTACT

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CRN

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( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
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W \_\_\_\_\_ - \_\_\_\_\_ Sa \_\_\_\_\_ - \_\_\_\_\_ Employer  No Coverage   
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"/>	_____

ADDITIONAL NOTES / COMMENTS:

Grade \_\_\_\_\_ Credits (if different than above) \_\_\_\_\_ Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer or Work Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Cooperative Education Coordinator \_\_\_\_\_ Date \_\_\_\_\_ Student \_\_\_\_\_ Date \_\_\_\_\_