

The following Co-op Forms can be downloaded and edited to fit your schools needs. Please share these documents with you staff members that are placing students on coop jobs. Please feel free to send us any forms that you think should be included in this set.

Thank you, Don Gamble, Indiana University of Pennsylvania

For additional information you can e-mail gamble@iup.edu or call the university at 724-357-4435

1. Checklist
2. Acceptance Form
3. Training Agreement
4. Teacher Recommendations
5. Interview/Appointment Sheet
6. Survey
7. Work Experience
8. Application
9. Consent Form
10. Absenteeism/Transfer/Termination
11. Probable Termination
12. Withdrawal Report
13. Obligations
14. Permission
15. Guidance Recommendations
16. Training Plan
17. Work/Visitation Log
18. Background Information
19. Confidentiality Statement
20. Criteria for Enrollment
21. Evaluation of OJT Instructor
22. Evaluation of Training Station
23. Graduation Follow Up Survey
24. Goals
25. Student Evaluation Form
26. Training Station Check List
27. Publicity Release Form
28. Application Form
29. Application Form
30. Evaluation Form
31. Orientation
32. Rules and Procedures
33. Syllabus
34. Syllabus
35. Time Sheet

Form #1

Checklist for Cooperative Education Program

Student name _____ Date _____ Received _____

You will need the following papers for the Cooperative Program. They need to be completed before you begin work. It is also imperative if you are under 18 that you have a complete set of working papers/work permit on file in this folder.

Please return this folder with completed papers to Room 301 as soon as possible.

Ms. Kim S. Budnick, Co-op Program Coordinator

List of forms you need to complete your folder.

- | | |
|--|---|
| <input type="checkbox"/> Student Recommendation Form | <input type="checkbox"/> Application Form |
| <input type="checkbox"/> Student Survey | <input type="checkbox"/> Work Permit/Working Papers |
| <input type="checkbox"/> Driver Permission Form | <input type="checkbox"/> Student-Parent Consent Form |
| <input type="checkbox"/> Emergency/Medical Information Form | <input type="checkbox"/> Guidance Office Recommendation |
| <input type="checkbox"/> Department Report | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Teacher Recommendation Reports (2) - complete the top part only | |

The following papers/reports will be added to your file:

- | | |
|---|--|
| <input type="checkbox"/> Cumulative School Record | <input type="checkbox"/> Confidentiality Statement |
| <input type="checkbox"/> Acceptance/Permission Form | <input type="checkbox"/> Work Log |
| <input type="checkbox"/> Training Agreement | <input type="checkbox"/> Training Plan |
| <input type="checkbox"/> Workers' Compensation (Employer) | |

Copies Needed

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Car Insurance |
| <input type="checkbox"/> Work Permit | <input type="checkbox"/> Health Insurance |

Form #2

**Your School Name
Co-op Program
Acceptance Form**

Student's Name: _____ Homeroom: _____

The above named student is currently enrolled at Titusville High School. He/She has maintained at least a 2.0 cumulative grade point average in his/her subjects. The named student also has a high school record of regular attendance and is free of serious discipline problems. He/She has also completed the necessary application form. Therefore, we recommend this student for participation in the Titusville High School Co-op Program for this year.

Principal's Signature: _____ Date: _____

Co-op Coordinator's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

I agree to participate in the Titusville High School Co-op Program and abide by the policies established.

Student's Signature: _____ Date: _____

The above named student has my permission to participate in the Titusville High School Co-op Program.

Parent/Guardian's Signature: _____ Date: _____

*If accepted, student must maintain acceptable academic, disciplinary, and attendance records both in school and at the training facility in order to be retained in the program.

The above named student is **not accepted** into the Titusville High School Co-op Program because:

Form # 3
Your School Name
Cooperative Education Program

Training Plan

- Agriculture Marketing Ed Family & Consumer Science
 Business Education Diversified Occupations
 Health Trade & Industrial

Student _____ Signature _____

Employer _____ Signature _____

Training Supervisor _____ Signature _____

Cooperative Coordinator _____ Signature _____

This Training Plan is an informal contract between the training supervisor and the coordinator about the responsibilities for the student's training. The trainer assigns specific tasks and learning experiences, and the coordinator schedules supportive in-school learning projects. This Training Plan should be reviewed and adjusted according to the student's progress.

Career Objective _____ DOT Code No. _____

Description _____

Current Job _____ DOT Code No. _____

Description _____

Approximate. Time	Competency/Task	OJT	IS	Evaluation/Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Form # 4

Your School Name

Co-op Program
Teacher Recommendation

Student's Name: _____ Subject: _____

Teacher's Name: _____ Department: _____

This student has applied for participation in the Co-op Program. Would you please help us in our selection process by providing the following information about this student? Please return this form to Angela Stromdahl in the Business Department by _____.

All recommendations will be kept strictly confidential.

	Excellent	Good	Average	Fair	Needs Help
Motivation					
Attitude					
Self-Control					
Dependability					
Honesty					
Leadership					
Initiative					
Poise					
Grooming					
Knowledge of Subject					
Willingness to follow directions					
Willingness to learn					
Ability to accept criticism					
Maturity					
Attendance					

Does this student have any special talents? _____

What do you feel are the student's strong points? _____

What do you feel are the student's weak points? _____

What is the students overall grade point average? _____

Other Comments: _____

Your Signature: _____ Date: _____

Form #5

Your School Name

**School-to-Career/Work Experience Program
*Interview Appointment Sheet***

Date: _____

To: _____

You have been scheduled for an interview

at: _____

location: _____

time: _____

on: _____
 (day) (month) (date) (year)

You will be interviewed by: _____

You the student, must provide your own transportation to and from the interview.

(STC Teacher-Coordinator)

(Date)

Form # 6

**Your School Name
Co-op Program
Student Survey**

1. What is your career goal for the future? _____

2. What courses have you taken in high school to support this career goal?

3. What extracurricular activities have you participated in to support this career goal?

4. What community activities have you participated in to support this career goal?

5. Are you currently working? Please circle one: YES NO

6. If yes, please name the business or organization: _____

Work Address: _____

Hours during school day: _____

Hours during weekend: _____

7. If you are working, please list your specific job duties and your most important responsibility:

8. What computer programs can you operate efficiently?

9. Are you on the Internet? YES NO Do you have an e-mail address? _____

10. Do you plan to go on co-op the second semester of this year? YES NO

If yes, will you have your own transportation for co-op? YES NO

If yes, does your schedule allow you to work in the A.M. or P.M. (Circle one)?

Form # 7
Your School Name
Co-op Program
Work Experience

NOTE: Please copy this form as many times as necessary so that each job description in your business is represented.

I. Background Information

Confidential

Business Name: _____

Address: _____
 (Street) (City) (State) (ZIP)

Brief Description of Business: _____

Contact Person: _____ Title: _____

Phone: _____ FAX: _____ E-Mail _____

Job Title: _____ Job Description: _____

II. Competencies and Attributes Necessary to Perform the Above Job:

(1 represents “not important” while 5 indicates a “critical” need.)

<u>Competencies</u>	1	2	3	4	5	<u>Attributes</u>	1	2	3	4	5
Reads comprehensively	O	O	O	O	O	Thinks creatively	O	O	O	O	O
Writes clearly	O	O	O	O	O	Thinks independently	O	O	O	O	O
Simple Arithmetic	O	O	O	O	O	Willingness to Learn	O	O	O	O	O
Algebra, Geom., Trig.	O	O	O	O	O	Is a team player	O	O	O	O	O
Calculus or higher	O	O	O	O	O	Is a self-starter	O	O	O	O	O
Speaks effectively	O	O	O	O	O	Can make decisions	O	O	O	O	O
Listen attentively	O	O	O	O	O	Shows leadership	O	O	O	O	O
Thinks systematically	O	O	O	O	O	Accepts responsibility	O	O	O	O	O
Has technical skills	O	O	O	O	O	Enthusiastic	O	O	O	O	O
Interpersonal skills	O	O	O	O	O	Accepts criticism	O	O	O	O	O
Analyzes & solves prob.	O	O	O	O	O	Has integrity/honesty	O	O	O	O	O
Computer literate	O	O	O	O	O	Gets along with others	O	O	O	O	O

Special skills needed for this job: _____

Computer software skills needed: _____

Any limitations to job: _____

Number of hours per week student may work: _____

Form # 8

Your School Name
Program Application
(Please Print)

Student Name: _____ Social Security No.: _____

Home Address: _____ Phone No.: _____

Date of Birth: _____ Age: _____ Homeroom: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Parents' Work Phone Numbers: Mother: _____ Father: _____

Health: (please circle) Excellent Good Fair Poor

Explain any physical weaknesses/disabilities: _____

What is your major career objective? _____

What are your plans following graduation? _____

Are you currently employed? _____ No _____ Yes

Place of Employment: _____ Type of Business: _____

Job Title: _____ Supervisor: _____

Address: _____ Phone No.: (____) _____

Previous Employment:

Place of Employment: _____ Type of Business: _____

Job Title: _____ Supervisor: _____

Address: _____ Phone No.:(____) _____

Do you have a work permit? ___No ___Yes Permit No. _____ Permit Date ___/___/___

If currently unemployed, in what type of business would you prefer to work? _____

If currently employed, are you interested in changing jobs? _____ If so, in what type of business would you prefer to work? _____

Transportation: Do you have a driver's license? ___Yes ___No

Will you have access to a car to drive to work each day? ___Yes ___No

CLASS SCHEDULE			
PERIOD	SUBJECT	TEACHER	ROOM

In what school activities, if any, have you participated? _____

In what schools activities, if any, do you plan to participate in during your senior year?

REFERENCES

Teacher: _____

Teacher: _____

Non-Teacher: _____

After careful consideration. I have completed the above form. I will take advantage of every opportunity that will improve my skills and efficiency in both the classroom and world of work.

Student's Signature: _____ Date: _____

We, the parent' guardian and student, understand that this application is only meant to collect student data and include the student in the classroom theory class. *It is NOT a promise of employment!*

Parent/Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Office Use Only:

Attendance (previous years):

Days absent _____

Times tardy _____

Credits earned to date: _____

Credits enrolled in Gr. 12: _____ (Guidance Counselor)

Accumulative GPA: _____ Date: _____

Form # 9

Your School Name

School-to-Work COOP Program

Student-Parent Consent Form

1. I understand that by enrolling in the GJR School-to-Work COOP program that:
2. I am to receive on-the job training in an area in which I have an interest and ability.
3. If I am less under 18 years of age, I will secure the necessary working papers from Mr. Hall or Mrs. Martin.
4. I will follow all rules and policies of the company, especially those governing safety and dress.
5. To be released from school, I must work at least 15 hours during the week.
6. I will either be paid, or I will receive credit towards my court-ordered restitution for my part-time work experience.
7. If I am unable to report for work (court date, PO meeting, counseling session, etc.), I will notify the employer, and either Mr. Hall or Mrs. Martin.
8. I will maintain satisfactory ratings in school, my cottage/unit/group home, and on the job.
9. I will keep Mr. Hall or Mrs. Martin informed of any changes in schedule or problems that may arise on the job or in school.
10. It is my responsibility to ensure that I have adequate transportation to and from work.
11. I may be released from the program for violating any of these terms at any time.

Student Name (Print): _____

Student Signature: _____ Date: _____

COOP Supervisor: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Form # 10
Your School Name
School-to-Career Program
Absenteeism, Transfers and Terminations

Absenteeism:

1. If the student cannot go to work, he/she is required to notify the employer immediately. The student and/or parent or guardian must also notify the coordinator as soon as possible.
2. Excessive absences from work may result in removal from the Work Experience portion of the program, thus forfeiting any credit.
3. If a student is too ill to attend school in the morning, the student is too ill to go to work.
4. Attendance at the School-to-Career Preparation class is of vital importance.
 - (a) If you are absent from the related instructional class, it is your responsibility to see one of the teachers to arrange made-up work.
 - (b) In the case of an unexcused absence, no work can be made up. Your grade will be adversely affected by unexcused absences.
 - (c) Grades will be affected according to the Albert Gallatin District Attendance Policy.

Transfers:

1. No student is to change jobs without first notifying the School-to-Career Coordinator.
2. An appropriate reason(s) for the transfer may be:
 - (a) Layoff from job site for an extended duration (one month or more),
 - (b) Physical ailments, illnesses, or disability,
 - (c) Severe personality conflict with supervisor or fellow employee,
 - (d) Better job offer.
3. For the transfer to be completed, the student must:
 - (a) Notify the School-to-Career Coordinator in advance,
 - (b) Give the employer at least one to two weeks' notice (student should follow company policy),
 - (c) Complete a new training agreement and working papers.
4. A new training station site should be secured before leaving one's present job.
5. Failure to notify the School-to-Career Coordinator of termination from a job will result in the student's return to a full-day schedule.

Form # 11
Your School Name
School-to-Career Program
Probable Termination Factors

Any student employed through the School-to-Career Program may be released from their job under the following conditions:

1. Anytime that an evaluation by the School-to-Career Coordinator, Guidance Department, or Administration indicates that the student is not representative of the school's best interest, such as failure to follow the rules and regulations of the program.
2. Failure to stay in good academic standing.
3. Failure to notify the employer before absence from the job.
4. Failure to notify the School-to-Career Coordinator of any changes, including layoffs and/or terminations, in the job situation.
5. Employer does not have adequate work to keep the student employed. (If this does occur, notify the School-to-Career Coordinator at once for a conference with the employer.)
6. Anytime an evaluation is made and it is determined that the student is not receiving organized and progressive work experience.
7. Anytime that a student has been excessively absent from school and work as stated in the Albert Gallatin District's Attendance Policy, unless additional days are certified by a physician.

The School-to-Career Coordinator and Guidance Department, in conjunction with the Principal, has the authority to administer and amend the above causes of termination as individual cases warrant

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Form # 12
Your School Name
Co-op Program

Withdrawal Report

Student's Name: _____

Training Station: _____

Supervisor: _____

The above student is hereby withdrawn from the Co-op Program effective _____
for the following reasons: (date)

_____ Unsatisfactory Ratings

_____ Unsatisfactory employer-employee relations

_____ Unsatisfactory training station

_____ Unsatisfactory wages

_____ Company work schedule/reduction

_____ Seasonal work schedule/reduction

_____ Transportation Difficulties

_____ Student Request

_____ Parent Request

_____ Personal Reasons

Comments: _____

Will student return to regular scheduled classes? _____ YES _____ NO

(Student's Signature)

(Date)

(Co-op Coordinator's Signature)

(Date)

Form # 13
Your School Name
School-to-Career Program
Obligations

1. Student will obtain necessary signatures and complete all necessary forms before reporting for work. Students must have parent permission and proof of insurance.
2. Students will notify the employer immediately if unable to report for work due to illness and/or emergency. The student's parent or guardian must also notify the coordinator as soon as possible.
3. If injured at work, the students will notify both the work supervisor and the school coordinator immediately.
4. If the job is terminated due to layoff or firing, the student will notify both the work supervisor and the school coordinator immediately.
5. Students who lose their job during the school year because of inefficiency, lack of interest, not abiding by the rules and regulations, etc., will receive a 50% for the marking period and may possibly fail the course.
6. Students must observe all safety regulations at the training station at all times.
7. No student may terminate his or her work without the knowledge and consent of the school coordinator.
8. If school is delayed for any reason, the student will contact work supervisor at the training site, unless other arrangements have been made with the employer (*this is for students employed in the program who get released from class to go to the training site*).
9. The student is expected to follow the work site calendar. Traditional holidays are not automatic for students. The work site supervisor, the student, and the School-to-Career coordinator make final determination of the student schedule.
10. Students must keep good attendance at both the work site and at school. If student absence is a problem, the student may be removed from the program.
11. All students on early work release are required to be enrolled in a successfully complete the School-to-Career Preparation course.
12. All students will be required to keep a portfolio. The school coordinator will assist with its contents.

I have read and thoroughly understand the statements of this paper:

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Form # 14
Your School Name
School-To-Work COOP Program

Permission Form

Permission is hereby granted for _____ to travel
(Student Name)
to _____ for his School-to-Work
COOP Site, Name of Business, etc.)

employment. In granting permission, I accept all moral, legal, and medical responsibilities associated with his COOP placement. Furthermore, I relieve the Grove City School District, George Junior Republic, COOP Coordinator, and the above listed COOP site from any responsibility not associated with proper adult supervision.

Transportation Permission

I, _____, give permission for the
(Name of Parent or Guardian)
above listed student to ride in the Grove City School District, George Junior Republic, and/or the above listed COOP site's vehicle(s) while participating in the GJR School to Work COOP Program.

Statement of Confidentiality

In signing my name below, I agree to guard and protect any/all "Trade Secrets" and not to use, permit others to use, or divulge those which I may obtain or observe as a result of my School-to-Work COOP experience, without having first secured written permission from the COOP Coordinator.

Parent/Guardian Signature

Student Signature

Date

Form # 15
Your School Name
Guidance Office Recommendation

Program Candidate _____

Grade _____ Course of Study _____

Entrance Date _____ Graduation Date _____

Did this student transfer from another district? No Yes- date _____

Has this student been terminated? No Yes - date _____

Absence Totals

9th year _____ 10th year _____ 11th year _____ 12th year, to date _____

Tardy Totals

9th year _____ 10th year _____ 11th year _____ 12th year, to date _____

Current Credits Earned _____ Current GPA _____

Credits Needed to Graduate _____

Is this student's schedule adaptable to include him/her in the program? Yes No

This student has/does not have sufficient credits, GPA and good attendance record to participate in the Cooperative Program. _____

Guidance Counselor Date

Form # 16
 Your School Name
 Cooperative Education Program
 Training Plan

Agriculture Marketing Ed Family & Consumer Science

Business Education Diversified Occupations

Health Trade & Industrial

Student _____ Signature _____

Employer _____ Signature _____

Training Supervisor _____ Signature _____

Cooperative Coordinator _____ Signature _____

This Training Plan is an informal contract between the training supervisor and the coordinator about the responsibilities for the student's training. The trainer assigns specific tasks and learning experiences, and the coordinator schedules supportive in-school learning projects. This Training Plan should be reviewed and adjusted according to the student's progress.

Career Objective _____ DOT Code No. _____

Description _____

Current Job _____ DOT Code No. _____

Description _____

Approximate. Time	Competency/Task	OJT	IS	Evaluation/Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Form # 17
Your School Name
Cooperative Education
Monitoring / Observation Log
2001-2002

Date	Time	Contact		Results/Comments
			Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
			Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
			Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
			Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
			Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
			Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	

Form # 18
Your School Name

Student Information

Name: _____ Technology: _____ AM _____ PM _____

Address: _____

(street) (city) (state) (zip)

Telephone #: _____ Home School: _____ Work Phone #: _____

Social Security #: _____ Date of Birth: _____ Age: _____

Career Goal/Objective: _____

Emergency contact

1. Name: _____ Relationship: _____ Daytime Phone: _____

2. Name: _____ Relationship: _____ Daytime Phone: _____

Health (please circle) Excellent Good Fair Poor

Health Concerns (Asthma, Diabetes, Epilepsy, Allergies etc.):

DO NOT WRITE IN THIS SPACE. COMPLETED BY CO-OP COORDINATOR

Student Availability

- + Completed 900 hrs of instruction
- + Satisfactory grade and attendance record
- + Arranged to clear debts w/school
- + Copy of work permit on file
- + Applied for parking permit
- + Reviewed Rules and Procedures for CO-OP
- + Work-site approved
- + Training agreement and plan signed and on file
- + Parental Permission for Evening CO-OP on file
- + Teacher Recommendation on file

Employer Information

Company: _____

Address: _____

Contact Person: _____ Telephone: _____ Fax: _____

Workers' Compensation # : _____ Starting Wage: _____

Weekly Work Schedule Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

FROM:

TO:

Notes: Grade Report: Attendance Report:

Form # 19
Your School Name
Transition
Confidentiality Statement

I agree that I shall strictly maintain the confidentiality of all information and data disclosed in the performance of my daily work. Additionally, I accept the responsibility of security given to me when entrusted with a key to the premises or any other company materials.

Student Trainee: _____ *Date:* _____

Employer: _____ *Date:* _____

Cooperative Supervisor: _____ *Date:* _____

Form # 20
Your School Name
Evaluation of Student for School-to-Career Work Experience
Criteria for Enrollment

The student must be entering the 12th grade upon enrollment into the program and be at least 16 years old.

The student must adequately demonstrate his/her skills and attitudes for the occupational training area.

The student must have the recommendation of his/ her instructor and guidance counselor, have a good attendance record, and be in good standing in related and academic areas.

The student must have parent/ guardian complete Training Agreement.

A student between 16 and 18 yrs. Old must complete working papers.

The student must have desire to participate and have tentative career goals.

The student will take in-school courses which relate to the on-the-job training. The School-to-Career Preparation class is required.

The student must have the personal traits and attitudes necessary to obtain and maintain initial employment.

The student must be able to get along with others and follow directions.

The student is responsible for his/ her transportation to and from work.

The student must have a good attitude about learning while working.

The student must be interviewed by teacher-coordinator and employer.

The student must be able to be involved with the School-to-Career program for at least one year.

The student must have constant school supervision and receive credit for the on-the-job experience.

Form # 21
Your School Name
Evaluation of Training Station Instructor

Name of Student: _____ Date: _____

Contact Person: _____ Title: _____

Department: _____ Phone: _____

Name of Firm: _____ Owner's Name: _____

Address: _____

A training station instructor must possess the following characteristics:

Show concern about the young person that he/ she will supervise.

Appreciate the importance of safety in the workplace and demonstrate safety procedures in his/ her daily work activities.

Treat young people with dignity and respect

Be able to work with a student learner for the entire year

Have the necessary capabilities to be able to teach a young student-learner

Be able to take the time from his / her daily schedule to meet periodically with the cooperative education coordinator and the student-learner

Be able to provide constructive criticism to the student-learner and resolve minor problems as they occur

Have the necessary job experience that would be sufficient to provide meaningful and relative instruction to the student-learner

Be capable of providing a proper learning environment for a young student-learner

Be willing to complete necessary reports as required by the school for assessment purposes.

Form # 22
Your School Name
Evaluation of Firm for Participation
In Business Cooperative Education Program

Criteria:

YES / NO

Firm is stable and has a good reputation. _____

Firm is safe and use correct equipment. _____

Firms uses good safety habits and has available safety devices. _____

Firm is an Equal Opportunity Employer _____

Firm complies with local, state, and federal labor regulations. _____

Firms displays and is consistent with child labor law regulations. _____

Firm pays fair wages and provides correct working hours/ times. _____

Firm is able to provide employment for the whole year. _____

Firm agrees with policies adopted by CRSD. _____

Firm supplies a variety of experiences and opportunities to student. _____

Firm shows concern for and is careful about selecting employees. _____

Firm has training facilities available. _____

Firm has potential for possible employment after schooling. _____

Firm has opportunity for advancement. _____

Firm has accessibility to Chestnut Ridge High School _____

Form # 23
Your School Name
GRADUATION SURVEY

Name: _____ Graduation Date: _____

Address: _____ Telephone Number: _____

_____ E-mail: _____

1. While attending high school, I was enrolled in the following program:

_____ College Preparatory _____ Vocational-Technical _____ Business

2. I am currently:

_____ enrolled in a four-year post-secondary program

_____ enrolled in a two-year post-secondary program

_____ enrolled in a technical school

_____ enlisted in the armed services

_____ employed: _____ Full-time _____ Part-time

_____ unemployed

3. While in school, I participated in the following School-to-Career Activities:

_____ Job Shadowing _____ Mentoring _____ Co-op Program

_____ Work Experience _____ Community Service _____ Internship

4. I have used the following agencies to help me with my post-secondary vocational planning: _____ Career Link _____ OVR _____ Other: _____

5. Vocational planning was addressed during four years of attending high school.

_____ Strongly Agree _____ Agree _____ Disagree _____ Undecided

6. My high school program has prepared me for my post-secondary experiences.

_____ Strongly Agree _____ Agree _____ Disagree _____ Undecided

7. My high school program could have better prepared me for my post-secondary experiences if _____

I am willing to speak to current high school students about my experiences. Yes No

Form # 24
Your School Name
School – to – Career
GOALS

The goals of the School-to-Work Experience are:

1. To provide a cooperative work experience program that gives on-the-job training to students.
2. To transfer skills learned in the classroom to real-world work situations.
3. To keep students informed of new technology as it applies to the occupations.
4. To provide an environment for students to develop self-confidence and respect for superiors and co-workers
5. To experience working for pay and developing money management skills.
6. To acquire skills in an occupation that is not taught in school.
7. To have the students develop a positive work ethic
8. To allow students to enhance their personal characteristics through work experience.
9. To connect classroom (school-based) activities to job (work-based) activities.
10. To establish a working relationship between our students and the businesses located within our community.
11. At the end of the School-to-Career Preparation course and work experience, students will be able to:
 12. Identify School-to-Career program goals, policies, and procedures
 13. Research various careers
 14. Describe and evaluate work ethics
 15. List and evaluate their own personality traits to indicate self-understanding
 16. List characteristics of a responsible employee.
 17. List characteristics of a responsible employer.
 18. Develop and describe positive working relationships with others on the job.

Form # 25
 Your School Name
Student Evaluation Form

Student's Name: _____ Evaluation Period: _____

Company Name: _____ Employer's Name: _____

Employer's Signature _____ Date: _____

Instructions: Please place a check mark in the appropriate box for each category that most accurately reflects your student-learner's performance in that area.

Area Evaluated	Exceptional	Very Good	Good	Fair	Poor
Quality of Work					
Quantity of Work					
Attention to Work Details					
Neatness of Work Area					
Initiative					
Dependability					
Interest and Attitude					
Relationships with co-workers					
Use of safety devices and guards					
Accepts Constructive Criticism					
Personal Appearance					
Attendance					

Identify the major strengths of this student-learner.

Identify any major weaknesses in the attitude or performance of this student-learner.

Please indicate any improvement needed in particular skills related to the student-learner's job.

List the dates the student-learner was absent (or late) from work during this grading period:

Absent: _____ Late: _____

Did the student-learner call to report his/her absences? Yes _____ No _____

Were the reasons for the absence justifiable? Yes _____ No _____

Form # 26
Your School Name
Evaluation of Firm for Participation
In Business Cooperative Education Program

Criteria:

YES / NO

Firm is stable and has a good reputation. _____

Firm is safe and use correct equipment. _____

Firms uses good safety habits and has available safety devices. _____

Firm is an Equal Opportunity Employer _____

Firm complies with local, state, and federal labor regulations. _____

Firms displays and is consistent with child labor law regulations. _____

Firm pays fair wages and provides correct working hours/ times. _____

Firm is able to provide employment for the whole year. _____

Firm agrees with policies adopted by CRSD. _____

Firm supplies a variety of experiences and opportunities to student. _____

Firm shows concern for and is careful about selecting employees. _____

Firm has training facilities available. _____

Firm has potential for possible employment after schooling. _____

Firm has opportunity for advancement. _____

Firm has accessibility to Chestnut Ridge High School _____

Form 27

Publicity and Photo Release Form

_____/_____/_____
Date

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by Your School Career Center, or anyone authorized by Your School Career Center, of any and all photographs for publicity purposes whether it be on the Internet, in a news publicity, or within any advertisement which Your School Career Center has taken this day of me, negative or positive, i.e., prints, pictures, or computer files, without compensation to me. All negatives and positives, i.e., prints, pictures, or computer files, together with the press release, shall be solely and completely the property of Your School Career Center.

_____ Student's Signature

(If student is under 18 years of age, parent signature required.)

_____ Parent's Signature

_____/_____/_____
Date

Photographer

Affiliation

Event

_____/_____/_____
DOB of Individual(s)

Vitals...

Form 28
INDIANA HIGH SCHOOL CO-OP OFFICE - ROOM 222

The first step in being accepted in the Co-op program is to complete the attached Co-op Application. Please read through all of the information that is attached and see Mr. Smith if you have any questions. This application must be returned **ASAP**.

Frequently Asked Questions:

Can I use my current job for Co-op? It depends. Your current job must be related to a class that you plan on taking during your senior year. Additionally, the IHS Co-op Coordinator must make an onsite visit and verify that you are not performing work activities that are considered hazardous. Jobs involving construction activities including drywall work, can only be approved if you are enrolled in Building Trades. Additionally, jobs involving lawn care; snow removal and delivery using a motor vehicle will not be approved.

How many hours a week must I work at my job to be on Co-op? If you average 15 hours a week during the semester, you will meet the 250-hour semester requirement.

What do I do during my Co-op hour? Do I have to go to class? You are released from school during the hour that Co-op is shown on your schedule. You are not required to work during that hour. As long as you average 15 hours a week, it does not matter when you work. You can work after school, evenings, or weekends.

What if I don't have a job but want to be on Co-op? No problem. Complete the attached application and the Co-op Coordinator will work with to try to locate a job that will qualify for Co-op.

I have two jobs; can I use the hours from both jobs to meet the 15-hour per week average? No. You can only use one job for Co-op purposes Please indicate in the space below if you will be attending the Tech Center during the 2001/2002 school years:

I will be attending the Tech Center: yes _____ no _____

At the Tech Center, I am enrolled in the following program _____

Are you planning to participate in any Sports: yes _____ no _____

If you answered yes, list the activities: _____

THE PROCESS:

In order for Co-op to be placed on your schedule, you must complete and return the attached Co-op Application. Slide it under the door of Room 222 if the door is locked. Once the Co-op Coordinator receives your application, they will perform a work site visitation and a Co-op Training Agreement will be prepared. When the Training Agreement is signed and on file in the Co-op office, you are officially on Co-op.

Form 29

Indiana High School Co-op Application

Indiana High School email: xxxxxxxxxx
101 6th Avenue
Indiana, PA 15705 Phone (724-357-4435)

Today's Date: _____
Student ID Number: _____

Name: _____ E-mail: _____
Address: _____ City: _____ Zip: _____
County: _____ Phone: _____ Age: _____ Birth date: _____
Grade: _____ Sex: _____ Social Security No.: _____

Name of
Driver's License No: _____ Parents/Guardian: _____

Father's Place of Employment: _____
Mother's Place of Employment: _____

If you have a handicap condition, please explain: _____

Will you consider employment which includes: Saturdays: Yes _____ No _____

Sundays: Yes _____ No _____ Evenings: Yes _____ No _____

Are you available this summer? Yes _____ No _____ Is transportation available? _____

If you are currently working, where are you employed? _____

What are your job duties: _____

What is your supervisor's name and phone number? _____

If this job meets Co-op program requirements, would you prefer to continue working at this business? Yes _____ No _____

What career area are you interested in pursuing after you graduate from High School? _____

Indicate two types of work/jobs that you would be interested in receiving co-op training?

First Choice _____ Second Choice: _____

In order to be on Co-op, most students will be required to be enrolled in a class that is related to their Co-op job.

What is your related class? _____ (If you are unsure about your related class, see Mr. Smith.)

To help in the process of placing Co-op students, it is necessary to receive the authorization of the parents and students to release school records before beginning the placement process.

We hereby authorize the Co-op Coordinator, to release to perspective employers for use in placement: teacher evaluations, student's academic, attendance and health records, plus work related information.

Parent/Guardian Applicant's

Signature _____ **Signature** _____

Filling out an application DOES NOT assure the student of a Co-op job or credit.

Form 30
INDIANA PENNSYLVANIA HIGH SCHOOL CO-OP EVALUATION

STUDENT:

EMPLOYER:

Return Deadline:

DIRECTIONS: Circle the performance criteria that most reflects your Co-op's students performance of each of the 12 traits listed.

DEMONSTRATED PERFORMANCE					
	TRAITS				
1	Quality of work	Superior	Very Good	Average	Poor
2	Work Knowledge	Superior	Very Good	Average	Poor
3	Work Attitude	Very enthusiastic	Shows great interest	Shows interest	Uninterested
4	Attendance	Never Absent	Infrequently absent	Warned for absences	Frequently absent
5	Punctuality	Always on time	Infrequently late	Warned for tardiness	Frequently late
6	Decision making ability	Makes effective decisions	Needs occasional assistance	Often needs assistance	Cannot make decisions
7	Time Management	Never wastes time	Seldom wastes time	Occasionally wastes time	Avoids work
8	Work initiative	Always shows initiative	Occasionally shows initiative	Seldom show initiative	Shows no initiative
9	Organizational ability	Very Organized	Fairly well organized	Sometimes disorganized	Often disorganized
10	Attitude toward others	Positive, takes interest in others	Pleasant, polite	Sometimes difficult	Inclined to be uncooperative to work with
11	Acceptance of Responsibility	Welcomes responsibility	Accepts without protest	Accepts with protest	Avoids Responsibility
12	Follows Directions	Always follows directions	Usually follows directions	Occasionally follows directions	Seldom follows directions

COMMENTS: (Use back if necessary) _____

Date: _____ Signature of Evaluator _____

Form 31
INDIANA HIGH SCHOOL CO-OP ORIENTATION

Directions: Read over the Co-op Guidelines and then answer the following questions:

T F 1. I am not officially on Co-op until a signed Training Agreement is on file in the Co-op office.

2. I should work an average of _____ hours per week to receive a Co-op credit.

3. Failure to attend Co-op meetings will result in _____ from my grade.

T F 4. Each marking period I will give my employer an evaluation form to complete.

T F 5. It is my responsibility to see that my evaluation form is returned to the Co-op office on time.

T F 6. If I am too sick to go to school, I am not allowed to go to my Co-op job on the same day.

T F 7. I am expected to miss work only when absolutely necessary.

T F 8. Time slips are due every other Monday.

T F 9. My grade will be lowered if I turn in my time slips late.

T F 10. I must have a supervisor sign my time slips.

T F 11. I can not quit my job with out consulting the Co-op Coordinator first.

T F 12. If I quit my job I will receive a failing grade for Co-op.

T F 13. Job changes are not allowed during the semester.

T F 14. I must maintain passing grades in my other classes in order to remain on Co-op.

T F 15. I am required to contact the Co-op Coordinator vial e-mail every two weeks.

T F 16. ***Turning in this application means that I am on Co-op.**

=====

I have read over the Co-op guidelines, and agree to follow all regulations, which include my attendance at Co-op meetings and turning in of time slips and grade slips.

I understand that it is **my responsibility** to stay in contact with Mr. Smith until my Co-op Training Agreement is completed.

Student Signature: _____

*(The answer to question 16 is false)

The Cooperative Education program of the Indiana Public schools affirms its commitment to carry out its civil rights obligations for eliminating discrimination and denial of services on the basis of race, color, religion, national origin, ancestry, age, height, weight, sex, martial status or handicap.

Form 32

INDIANA HIGH CO-OP RULES AND PROCEDURES (Fall 2002)

1.	In order to earn Co-op credit I understand that I must spend a <u>minimum of 250</u> hours at my job during the semester. This is approximately 15 hours per week. I understand that if I am participating in a Fall or Winter Sport, I must still meet the 250 on site hour requirement to earn co-op credit.
2.	I understand that my schedule may indicate that I am on Co-op, but I am not officially on Co-op until Mr. Smith has my signed Training Agreement on file in his office.
3.	I understand that Co-op time slips are due every other Tuesday starting September 10, 2002. For every late time slip, my grade will be reduced by 1/3.
4.	In order to receive Co-op credit, I must complete my semester exam writing assignment. (Rubric will be distributed after Thanksgiving).
5.	I understand that if I quit or am fired from my job I <u>will</u> receive a failing grade for co-op.
6.	I understand that I must let Mr. Smith know by Friday January 24, 2003, if I am planning changing my job second semester. No job changes will be considered after this date.
7.	Before changing jobs at semester, I understand that Mr. Smith must approve my new job.
8.	I understand that it is my responsibility to see that my marking period grade slips are completed by my employer and returned by the due date. If my grade slip is late, my grade will be reduced by 2/3 of a grade.
9.	I understand that I must attend any scheduled Co-op meetings. If I fail to attend, my grade will be reduced by 2/3 of a grade.
10.	I understand that all important due dates are posted outside of Mr. Smith's office, (Room 222). As well as on the Co-op Web Page.
11.	I promise not to use the excuse that "I didn't know when the meeting was" or "I missed or never get the daily announcements".
12.	I realize that I may have to be late for work in order to attend Co-op meeting. I understand that Mr. Smith will not accept the following excuse "I can't come to the Co-op meeting because I have to work".
13.	I agree to check my student email account regularly for messages from Mr. Smith.

I have read and understand all of the rules and procedures listed above.

Name Date _____

Student Number: _____ or email address: _____

Form 33

COOPERATIVE EDUCATION (CO-OP) COURSE SYLLABUS COURSE INFORMATION

Instructor: Bob Smith (724-357-4435)

Pre-requisite: Senior Status

Credits: 1 per semester

TEXTBOOKS: None

1. MAJOR COURSE SKILLS

Students who participate in Cooperative Education (Co-op) are better prepared to continue their education or enter full time employment upon graduation. Benefits of being on Co-op include:

1. On the job experience and training in the “real world”.
2. Money – Students are paid at least minimum wage by their employer.
3. Feelings of independence and self-reliance, which come with the experience of performing a job.
4. Motivation to continue to learn in school. A Co-op student has a better understanding of the connection between in school learning and work requirements.
5. Documented employability – Employer’s performance evaluations and letters of recommendation can be placed in the student’s portfolio.

After completing 2 semesters of Co-op some of the skills the student should demonstrate include:

- | | |
|---------------------------|----------------------|
| 1. Teamwork | 8. Customer Service |
| 2. Dependability | 9. Courtesy |
| 3. Initiative | 10. Cooperation |
| 4. Good Work Habits | 11. Reliability |
| 5. Punctuality | 12. Quality Control |
| 6. Responsibility | 13. Career Awareness |
| 7. Appropriate Appearance | |

GRADING PROCEDURES

Your marking period and semester grades will be based on five components:

1. An evaluation of your work performance by your job supervisor.
2. Your attendance at Co-op meetings.
3. The timely return of Time Sheets and Evaluation Forms.
4. Your completion of survey's and writing assignments.
5. Your response to email questions sent to you.

Form 34

STUDENT EVALUATION

Approximately 10 days before the end of the marking period, I will schedule a Co-op meeting to distribute evaluation forms. At that time you will be advised as to the date the completed forms should be returned to me, if you fail to return the evaluation form by the deadline, your grade for the marking period would be REDUCED BY 2/3 OF A GRADE (i.e. A to B+)

CO-OP MEETINGS

At least once each marking period, I will schedule a Co-op meeting. You will have the option of attending the morning session (7:30 am), the afternoon session (2:30pm) or the Seminar session. Attendance at Co-op meetings is mandatory. If you miss a Co-op meeting, your marking period grade will be reduced by 2/3 of a grade. Co-op meeting dates are posted outside of my office.

Within two weeks of the end of the 1st, 2nd, and 3rd marking periods, you must contact me via email. We will go over your evaluation, job duties, and ensure you are current with your time records. Failure to contact me will result in a grade reduction (2/3 of a grade) and your removal from the Co-op program for the next semester.

TIME SLIPS

Every other Tuesday, you will be required to turn in a Time Slip, which lists the hours you worked the previous 2 weeks. Your employer must sign these slips. Time slips are to be placed in the tray in my office or slid under the door if I am not in. If you do not work at all during a week, you are still required to turn in a Time slip indicating zero hours worked. If you are sick and do not come to school on a Tuesday, Please indicate that on your time slip. For every late time slip, your marking period grade will be reduced by 1/3 of a grade.

IF AT THE END OF A MARKING PERIOD YOU HAVE FAILED TO TURN IN ONE OR MORE TIME SLIPS, YOU MIGHT NOT RECEIVE CREDIT FOR YOUR CO-OP EXPERIENCE.

WRITING ASSIGNMENT

During the 2nd and 4th marking periods, you will be asked to complete a short writing assignment (2 to 3 pages) on a job/career related topic. This assignment will count for your semester exam grade. If you fail to complete this assignment you will not be allowed to enroll in Co-op for the 2nd semester.

Completion of the writing assignment is mandatory. Failure to do so will result in a failing grade for the class. If you fail Co-op for the Fall semester, you are not eligible for Co-op for the Winter semester.

EMAIL CONTACT:

At least 2 times each marking period, you will be required to respond via email to a work related question. Failure to respond to these questions will result in a 1/3 reduction in your grade. It could also lead to your removal from the program.

Form 35
INDIANA HIGH SCHOOL CO-OP BI-WEEKLY TIME SLIP

For the two week period starting MONDAY _____

NAME: _____ EMPLOYED BY: _____

(Time slips are due on Tuesday's. Late time slips will result in grade reductions.)

	Starting Time	Quitting Time	Hours Worked
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Hours worked	this week:	

HOURS FOR THE WEEK STARTING MONDAY _____

	Starting Time	Quitting Time	Hours Worked
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Hours worked	this week:	
	Total Hours Worked	this time period:	

Were you absent from school these past two weeks? NO _____ YES _____

If yes, indicate the days you were absent and reason for absence: _____

Are you having any problems at work? NO _____ YES _____

If yes, please describe: _____

Would you like to meet with me? NO _____ YES _____

EMPLOYER SIGNATURE: _____

EMPLOYER COMMENTS: _____