Experiential Education Program

at

Bluegrass Community & Technical

College -

Initial Student Application

(This must be completed to be considered for acceptance into the program.)

Date: _____

Last Name: _____ First Name: _____ Middle Initial: ___

Student ID #: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Program: _____ Course Number: _____ Advisor/Instructor: _____

Semester: Fall ☐ Spring ☐ Summer ☐ Year: ☐

Days Available M ☐ T ☐ W ☐ T ☐ F ☐S ☐ SN ☐ Hours Available:
_____

Work Site Identified: Yes ☐ No ☐

If yes, please list name of Company: _____

Contact Person: _____

Contact Information: Phone: _____ E Mail: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Comments: _____

_____

_____

MEMORANDUM OF EMPLOYMENT AGREEMENT

BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE
KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
COOPERATIVE EDUCATION TRAINING PLAN AGREEMENT

THE STUDENT AGREES TO:

- Be courteous and considerate of the employer, co-workers and others.
- Keep the employer's interest in mind and be punctual, dependable and loyal.
- Notify the employer and the coop coordinator as soon as possible if unable to attend the work site.
- Complete the monthly Student Performance Reviews with your wages earned, hours worked, and answer the questions. Submit the forms on or before the specified deadlines.
- Update your resume at the end of the term and submit the resume electronically to the coop coordinator.
- Conform to the policies and regulations of the employer.
- Register for the coop through a schedule or an add form and pay for the credit hours.
- Maintain a satisfactory performance level on the job.
- Abide by the Training Plan Agreement developed by the coop coordinator and employer. (reverse side)

THE COOP COORDINATOR, ON BEHALF OF THE COLLEGE, AGREES TO:

- Prepare, with the help of the employer, a Training Plan Agreement.
- Revise the Training Plan Agreement as needed to enhance the student's work experience.
- Contact the student and employer during the co-op to determine instructional needs and to insure that the student receives job training and supervision as well as variety of job experience.
- Recognize that much of the information gathered at the company may be confidential.

THE EMPLOYER AGREES TO:

- Take an active part in the training and supervision of the student while providing relevant work experience in the student's field of study in accordance with the Training Plan Agreement.
- Assist the coop coordinator in evaluating the student's performance on the job by completing the Midterm Employer Performance Review at midterm and the Final Employer Performance Review by the last day of the term.
- Avoid subjecting the student to unnecessary or unusual hazards.
- Notify the coop coordinator immediately in case of accident, sickness or any other serious problems that require medical attention.
- Permit and expect the coop coordinator to visit and/or contact the employer to discuss the progress of the student and /or observe the student on the job.
- Give the same consideration to the student as given to other employees in regard to safety, health, and general employment conditions and other regulations to the business.
- Comply with all regulations prohibiting discrimination on the basis of race, national origin, sex, disabilities, religion, marital status or age.

Employer certifies that Worker's Compensation Insurance covers this student and that the policy is now in force and registered with the Department of Workers Claims in Frankfort, KY as prescribed by law (KRS 324.630) (or with the appropriate agency if outside of Kentucky).

_____	_____	_____ __
Employer	**Date**	**Student**
Date		
_____	_____	_____
_____		
Coordinator	**Date**	**Supervisor**
Date		

The Kentucky Community and Technical College System complies with all federal regulations prohibiting discrimination on the basis of race, color, national origin, sex, disabilities, marital status or age. Revised 07/07

All signatures and information must be in place before this form is completed and ready to be copied and distributed!

Bluegrass Community & Technical College

TRAINING PLAN/PERFORMANCE GOALS AGREEMENT

Internship

First Name: _____ **Last Name:** _____ **M.I.:** _____

Student ID #: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: **Cell Phone:**

Program Area: _____

Academic Plan: _____

Instructor Name: _____ **Course #:** _____

Coordinator Name: _____

Extension: _____ **FAX:** _____

Company Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Contact: _____ **Hours per Week:** _____

Title: _____ **Starting Date:** _____

Work Schedule **Mon:** _____ **Fri:** _____

Tue: _____ **Sat:** _____

Wed: _____ **Sun:** _____

Thu: _____

Rate of Pay: $ _____ **per** _____

Student will be trained in/complete the following tasks or meet the following performance goals:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Instructor/Advisor Signature: _____

Work Supervisor Signature: _____

Student Signature: _____

2-Week Time Sheet/Work Supervisor Evaluation

(***This form is to be turned in <u>every</u> two weeks! Do NOT hold on to it until the end!)***

Internship ☐ Practicum ☐ Co-op ☐

(Please check one)

Student's Name _____ Program _____

Employer _____ Supervisor _____

Business Address _____

Work Period from (date) _____ to _____ Hours _____ to _____

Day of Week ***Ex. Mon***																
Month/Date ***Ex. 5/30***																
Hours Worked ***Ex. 8***																
Rolling Total of Hours																

Total Hours for Period	

Supervisor to complete

Please rate student on items below using the following criteria:

E = Excellent G = Good S = Satisfactory B = Below Average N = Needs Improvement

Attendance & Punctuality		**Appearance**		**Adaptability**	
Quality of Work		**Attitude**		**Initiative**	
Quantity of Work		**Ability to Communicate**		**Relations with Co-workers**	
Time Management		**Dependability**		**Reaction to supervision**	

Remarks: -_____

_____

_____

I verify that this is a true and accurate statement of the student's attendance and evaluation.

_____

Signature of Supervisor or Employer **Date**

Employer/Student Site Visit Documentation
(To be submitted by faculty instructor/program coordinator)

Internship

Please complete and return original form to the employer. Keep a copy for your records. Provide a copy to the student to and the program coordinator, please. Due to the nature of this Internship, this 'visit' will most likely be carried out *via* email.

Date: _____

Program: _____ **Course Number:** _____

Instructor: _____

Student: _____ **Company to be visited:** _____

Address: _____

Contact Person: _____ _____

Phone: _____

Nature of Visit: _____

_____

Work Environment/Recommendation: _____

_____

_____

Time: Leave BCTC _____ **Return** _____

Transportation: _____

Signature: _____ **Date:** _____

Experiential Education Position Student Appraisal

Name _____ Wages _____

Position _____ Hours Worked _____

Assignment Period: _____ to _____

Employer _____
(Company Name)

_____
(Address: Street/Box, City, State, Zip)

Immediate Supervisor _____

The primary objective of Experiential Education is to provide the student with relevant on-the-job work/learning experiences in his/her chosen profession. This form is designed to assist the student in assessing these experiences. The evaluation is meant to be constructive and in the best interest of the employer as well as future students. CIRCLE THE MOST APPROPRIATE RESPONSE.

RELATIONSHIP WITH SUPERVISOR

1. **Did your supervisor appear interested in you as an individual?**

   Always Frequently Sometimes Seldom Never

2. **Did your supervisor motivate you to improve yourself?**

   Always Frequently Sometimes Seldom Never

3. **Did you receive adequate instructions and assistance from your supervisor in the conduct of your work?**

   Always Frequently Sometimes Seldom Never

4. **How often did your supervisor discuss your job performance with you?**

   Daily Weekly Monthly Occasionally Never

   Comments:

5. **Did you have discussions with your supervisor concerning your training experience and/or your total educational program? YES NO**

   Comments:

RELATIONSHIP WITH CO-WORKERS

1. **Did you get along with your co-workers?**

   Always Frequently Sometimes Seldom Never

2. **Was there enough work to keep the employees busy?**

   Always Frequently Sometimes Seldom Never

3. **Did your co-workers demonstrate interest in the company and its organization?**

   Always Frequently Sometimes Seldom Never

4. **Cooperation among my co-workers in accomplishing the work was:**

   Excellent Good Average Fair Poor

Comments about Co-workers:

EVALUATION OF DUTIES

1. **Do you believe your position provided relevant experience in your major?**

   Always Frequently Sometimes Seldom Never

2. **Do you believe you performed work of value to your employer?**

   Always Frequently Sometimes Seldom Never

3. **Did the work environment allow for the expression of your ideas?**

   Always Frequently Sometimes Seldom Never

4. **Do you feel you were given equal responsibility compared with co-workers?**

   Always Frequently Sometimes Seldom Never

EVALUATION OF COLLEGE AND EXPERIENTIAL EDUCATION

1. **How would you classify your academic preparation for this work experience?**

   Excellent Good Average Fair Poor

2. **Do you feel cooperative education was encouraged in your major? YES NO**

3. **How would you rate your program director's communication with you?**

   Excellent Good Average Fair Poor

4. **Did your program director make himself/herself available to answer questions during the job? Note: Remember, if you didn't ask for help, you do not have a complaint.**
   YES NO
   Comments _____

   _____

5. **Would you recommend experiential education to other students? YES NO**

   Why? _____

6. **Did this work experience exceed ____, meet ____, or fall below ____ your expectations?**

7. **Have you and your employer reached any agreement about your continued or prospective employment with this company? If so, what is the agreement?**

   _____

   _____

8. **We will benefit by having you indicate an overall assessment of your work experience. Please circle the word closest to your evaluation.**

   Excellent Good Average Fair Poor

   _____ _____
   (Student Signature) **(Date)**

Bluegrass Community & Technical College

TOTAL HOURS TIME LOG

Student Name_____ Program_____ Instructor_____

Date	Sunday Hours	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours		
(ie 9/1-9/5)	*7.5*	*7.5*	*4.5*	*4.5*				**Total**	**Spr Intls**
Total Hours for the Coop/Internship/Practicum									

Cooperative Education/Internship/Practicum Supervisors, please sign at the end of the semester and turn into Advisor and Exp. Ed. Coordinator.

Student Signature:

Work Supervisor Signature:

Program Advisor Signature:

BLUEGRASS COMMUNITY & TECHNICAL COLLEGE STUDENT EVALUATION FORM

Student Name _____

College Program _____

Supervisor Name _____

Company Name _____

Work Period from _____ / / _____ _____ / / _____

Work Performance:	**Outstanding**	**Very Good**	**Acceptable**	**Poor**	**Unacceptable**	**N/A**
Attendance & Punctuality	5	4	3	2	1	_____
Job Preparation	5	4	3	2	1	_____
Quality of Work	5	4	3	2	1	_____
Quantity of Work	5	4	3	2	1	_____
Time Management	5	4	3	2	1	_____
Use of Supplies & Equipment	5	4	3	2	1	_____
Overall Performance	5	4	3	2	1	_____

Comments on Work Performance:

_____

_____

_____

Employability:

What are desirable work qualities of this student? What areas need improvement?

_____

_____

	Outstanding	Very Good	Acceptable	Poor	Unacceptable	
Personal Qualities:						
Ability to Communicate	**5**	**4**	**3**	**2**	**1**	_____
Adaptability	**5**	**4**	**3**	**2**	**1**	_____
Appearance	**5**	**4**	**3**	**2**	**1**	_____
Attitude	**5**	**4**	**3**	**2**	**1**	_____
Dependability	**5**	**4**	**3**	**2**	**1**	_____
Initiative	**5**	**4**	**3**	**2**	**1**	_____
Judgment	**5**	**4**	**3**	**2**	**1**	_____
Reaction to Supervision	**5**	**4**	**3**	**2**	**1**	_____
Relation with Clients	**5**	**4**	**3**	**2**	**1**	_____
Relation with Co- Workers	**5**	**4**	**3**	**2**	**1**	_____

Comments on Personal Qualities:

_____

_____

_____

_____

Would you consider hiring this student full-time if an opportunity arises? ☐**Yes** ☐ **No**

Would you recommend this student earn a Pass or Fail for this work experience? _____

Has this evaluation been discussed with the student?

Student Signature: _____ **Date** / /

Supervisor Signature: _____ **Date** / /