Cooperative Education Program 2021-2022

The quality policy of Parkway West School is to deliver quality instruction to students in career, academic and technical programs and to continually improve the quality of this service.
COOPERATIVE TRAINING AGREEMENT

TO BE COMPLETED BY THE STUDENT-LEARNER:  
PARKING PERMIT #: ____________________________

NAME: ___________________________________ HOME SCHOOL: __________________
ADDRESS: ______________________________________________________________________
HOME PHONE: ___________________ CELL PHONE: ___________________________
EMAIL ADDRESS: ______________________________________________________________
PWCTC PROGRAM: ___________________ SESSION: AM PM
CAREER OBJECTIVE: ___________________ DATE OF BIRTH: _____________________

TO BE COMPLETED BY THE EMPLOYER:

BUSINESS NAME: ___________________________ PHONE: ___________ FAX: ____________
ADDRESS: ______________________________________________________________________
EMAIL ADDRESS: ______________________________________________________________
TRAINING SUPERVISOR: ______________________________ TITLE: ________________
STUDENT JOB TITLE: ___________________________ STARTING WAGE: __________
DESIRED FIRST DAY OF CO-OP EMPLOYMENT: ________________________________

WORKERS COMPENSATION POLICY NUMBER: ________________________________

STUDENT-LEARNERS WORK SCHEDULE

<table>
<thead>
<tr>
<th>START TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>STOP TIME</td>
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LIST THE COMPETENCIES OR SKILLS THE STUDENT LEARNER IS TO ACQUIRE ON THE JOB:
WHAT WILL THE STUDENT LEARN THAT RELATES TO HIS/HER CTC PROGRAM?

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________

LIST THE LEARNING ACTIVITIES WHICH THE STUDENT LEARNER IS TO ACQUIRE ON THE JOB:
WHAT WILL THE STUDENT DO TO REINFORCE THE SKILL LISTED ABOVE?

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
THE STUDENT LEARNER understands that the purpose of this employment is to gain experience which will contribute to his/her career objective and agrees:

1. To attend the job, CTC, and home school as scheduled. In case of an illness, injury, or emergency which prevents attendance at the job or CTC, the student must notify the employer and the coordinator prior to the absence.
2. To demonstrate the qualities of a good employee, honesty and punctuality, courtesy, a cooperative attitude, proper health and good grooming habits, appropriate dress and willingness to learn.
3. To consult the teacher of cooperative education immediately regarding any difficulties arising at the training station or changes in schedule of days, hours, or other circumstances related to the training program.

SIGNATURE

DATE

THE PARENT(S)/GUARDIAN(S) of the student learner, realizing the importance of the training program in the achievement of the student-learners career, agree:

1. To encourage the student-learner to carry out effectively all duties and responsibilities on the job, as the CTC and at the home school.
2. To accept responsibility for the safety and conduct of the student-learner while traveling to and from the home school, the CTC, the place of employment, and the home.

SIGNATURE

DATE

THE CTC TEACHER, in recommending the student learner for this training program, agrees: To communicate to the student-learner his/her responsibilities regarding assignments, tests, and other obligations required to maintain satisfactory progress in the program.

1. To discuss the student-learner's progress regarding the training plan with the student-learner when he/she reports to class.
2. To determine the student-learner's report card grades based on fair consideration of the employer's grade report.
3. To determine the appropriate D.O.T code for this employment.
   a. D.O.T Job Title: ____________________________ D.O.T Code: ____________________________

CTC TEACHER'S SIGNATURE

DATE

ACADEMIC TEACHER'S SIGNATURE

DATE

SUPERVISOR OF VOCATIONAL EDUCATION

DATE

THE HOME SCHOOL COUNSELOR in recommending the student-learner for this program agrees:

1. That the employment is in the educational interest of the student-learner.
2. To inform the teacher of cooperative education of any disciplinary or attendance problems.

SIGNATURE

DATE

THE EMPLOYER, recognizing that a training plan is being followed and that close supervision of the student-learner is essential, agrees:

2. To provide necessary safety instructions throughout the period of employment.
3. To ensure that exposure to hazardous work or working conditions will be essential to the student-learner's training, and not a regular part of the training program.
4. To provide a variety of work assignments for the student-learner under the supervision of an experienced worker.
5. To adhere to all state and federal regulations regarding employment, child labor, minimum wage, and worker's compensation.
6. To evaluate the student-learner each grading period on the rating form provided by the school.
7. To assure that students will be accepted and assigned without regard to race, color, national origin, sex or handicap.
8. To permit on-site visitsations by the teacher of cooperative education.
9. To provide time for the student to report to school to complete assignments, tests and receive related instruction as scheduled.

SIGNATURE

DATE

THE TEACHER OF COOPERATIVE EDUCATION will coordinate the training program toward a satisfactory preparation of the student learner for an occupational career objective and agrees:

1. To verify the age of the student-learner and the existence of a properly issued Work permit for student-learners under the age of 18
   a. Work Permit: ____________________________ Proof of age 18 and above: ____________________________
2. To see that the terms and conditions of the training agreement are met.
3. To make monthly visits to the training station.
4. To consult with the employer to monitor student progress and assist in resolving any problems concerning the employment of the student learner.
5. To determine the first day of co-op ______/_____/_______ and the first Co-op related theory class date: ______/_____/_______

SIGNATURE

DATE
CO-OP ELIGIBILITY CHECKLIST

Student: ____________________________________________

Program/Session: ______________________________________

High School/Year of Graduation: ____________________________

Career Objective: __________________________________________

The following must be fully completed prior to the co-op placement:

_______ Training Agreement

_______ Rules and Regulations

_______ Work Permit/Driver’s License

_______ CTC Instructor’s Recommendation

_______ Academic Instructor’s Recommendation

_______ Pre-NOCTI Test: Achieved an Advanced or Competent score.

Co-op Coordinator’s Approval: ______________________________________

Date: ________________________________________________________
ACADEMIC TEACHER RECOMMENDATION FOR CO-OP

Student: ___________________________ Date: ___________________________

Program: ___________________________ Session: ___________________________

Home School: ___________________________

Rate the student's abilities using the following scale:

4- Excellent
3- Very Good
2- Good
1- Average
0- Below Average

Academic Performance 4 3 2 1 0
Attendance 4 3 2 1 0
Motivation 4 3 2 1 0
Dependability 4 3 2 1 0
Initiative 4 3 2 1 0

What modifications have been made to the student's curriculum to permit him/her in participating in the Cooperative Education program?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please indicate any special assistance needed by this student:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

_________________________________________  ___________________________
Teacher Signature                             Date
CTC TEACHER RECOMMENDATION FOR CO-OP

Student: ___________________________ Date: ___________________________

Program: ___________________________ Session: ___________________________

Home School: ___________________________

Rate the student’s abilities using the following scale:

4- Excellent
3- Very Good
2- Good
1- Average
0- Below Average

Knowledge of Subject        4 3 2 1 0
Communication Skills        4 3 2 1 0
Math Skills                 4 3 2 1 0
Attendance                  4 3 2 1 0
Motivation                  4 3 2 1 0
Dependability               4 3 2 1 0
Initiative                  4 3 2 1 0

What do you feel are the student’s strong points?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please indicate any special assistance needed by this student:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
RULES AND REGULATIONS

1. Report to work on the days and times indicated by the employers on the Training Agreement. In the event of illness or an emergency, which prevents attendance at the job or CTC as schedule, notify the employer and the teacher of cooperative education prior to the absence if possible; but in no case later than the day of the absence.

2. Report to the CTC every day that you are not scheduled for work, or when there is no work due to weather conditions, lack of work material, lack of work etc. Remain at the CTC for the entire class period and perform duties as assigned by the vocational program teacher.

3. Attend home school every day unless excused. Do not attend work if absent from school.

4. Report to the CTC on the days listed on the Schedule for Co-op Related Theory classes and remain at the CTC for the entire class period.

5. Provide proof of actual hours worked in the form of paycheck stubs, photocopies of time cards, or other verifiable documentation.

6. Update the Cooperative Education Timesheet no less than once every two weeks.

7. Receive satisfactory performance evaluations from the employer. Employment may be terminated at the employer’s discretion.

8. Maintain a “C” average or better at Parkway West CTC and the home school.

9. Notify the teacher of cooperative education prior to quitting a job, or, if the job is terminated.

10. Co-op Grades will be calculated through Classroom Knowledge (co-op % of knowledge grade based on the number of days on a co-op placement). 1 day per week = 20%, 2 days per week = 40%. Etc.

I have read these rules and regulations for the cooperative education program and agree to comply with them. I understand that failure to do so may result in my removal from the program.

Student-Learner’s Signature

Date

I have read these rules and regulations for the cooperative education program and will support my son/daughter in complying with them.

Parent/Guardian Signature

Date