COOPERATIVE EDUCATION

Course Assignments and Due Dates

All students must complete the following assignments each semester they are enrolled for Co-op credit:

1. Learning Objectives (page 2)
2. Student Work Report Form (pages 3 & 4)
3. Employer’s Evaluation (page 5)
4. Paper (page 6)

Due Dates:
Contact Sara Yell (sayell@walton.uark.edu) for assignment due dates.

Three ways to turn in completed assignments:

1. Bring them to the Career Center, WJWH 226
2. Fax them to 479-575-4025, or
3. Email them to sayell@walton.uark.edu
COOPERATIVE EDUCATION

LEARNING OBJECTIVES

Student Contact Information

Name: __________________________ ID#: ___________________ Major/Minor: __________________________

Graduation Date: ________________ Phone#: ________________ Email address: __________________________

Mailing Address: __________________________

Employer/Company Information

Company: __________________________ Department: __________________________

Employer Address: __________________________

Supervisor Name: __________________________ Supervisor’s Email: __________________________

Supervisor’s Title: __________________________ Supervisor’s Phone Number: __________________________

Your Job Title: __________________________ Your Work Phone Number: __________________________ Gross Hourly Pay: __________________________

# Hours You Work Per Week: __________________________ Employment Period: Start Date: ________________ End Date: ________________

Instructions: Identify three learning objectives that you plan to accomplish during your Co-op work tour. The objectives should indicate what skills and knowledge you will gain as a result of your Co-op experience. The objectives should be specific, measurable, and realistic. Please be sure to state an action plan indicating how you will accomplish each goal. Discuss the objectives with your supervisor and have them approved.

****Be sure to keep a copy for your records. You will need it to write the final paper.****

1. Learning Objective: __________________________

   Action Plan: __________________________

2. Learning Objective: __________________________

   Action Plan: __________________________

3. Learning Objective: __________________________

   Action Plan: __________________________

___________________________ __________________________
Student Signature Supervisor Signature
# Cooperative Education

## Student Work Report Form

Name: ___________________________ ID#: ___________________________ Major/Minor: ___________________________

Graduation Date: ___________________________ Phone#: ___________________________ Email address: ___________________________

Mailing Address: __________________________________________

Company: ___________________________ Department: ___________________________

Employer Address: __________________________________________

Supervisor Name: ___________________________ Supervisor’s Email: ___________________________

Supervisor’s Title: ___________________________ Supervisor’s Phone Number: ___________________________

Your Job Title: ___________________________ Your Work Phone Number: ___________________________ Gross Hourly Pay: ___________________________

# Hours You Work Per Week: ___________ Employment Period: Start Date: ___________ End Date: ___________

**Instructions:** Objectively rate your experience with this employer using the scale below.

4 – Excellent  3 – Above Average  2 – Satisfactory  1 – Needs Improvement  N/A – Not applicable

<table>
<thead>
<tr>
<th>Work Experience</th>
<th>Rating</th>
<th>Comments (as needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relationship of work to career goals</td>
<td></td>
<td></td>
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<tr>
<td>• Training/orientation received</td>
<td></td>
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<td>• Supervision received</td>
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<tr>
<td>• Level of responsibility assigned</td>
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<td></td>
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<tr>
<td>• Abilities/academic training utilized</td>
<td></td>
<td></td>
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<tr>
<td>• Communication/cooperation among co-workers</td>
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<table>
<thead>
<tr>
<th>Learning Experience</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>• Academic preparation for this job</td>
<td></td>
</tr>
<tr>
<td>• Information, skills, or techniques learned on the job (not learned in class)</td>
<td></td>
</tr>
<tr>
<td>• Relationship of work to academic program</td>
<td></td>
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<tr>
<td>• Career/professional knowledge gained</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Personal Development</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self confidence gained</td>
<td></td>
</tr>
<tr>
<td>• Understanding your strengths and weaknesses</td>
<td></td>
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<tr>
<td>• Improvement of communication skills</td>
<td></td>
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<tr>
<td>• Improvement of interpersonal/teamwork skills</td>
<td></td>
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<tr>
<td>• Ability to network with or meet people who contributed to your professional growth</td>
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</table>

<table>
<thead>
<tr>
<th>Overall</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Evaluation of employer and work experience</td>
<td></td>
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</tbody>
</table>


• Did this work assignment meet your expectations? Yes No
• Would you want to do Co-op with this organization again? Yes No
• Was the time period in which you worked long enough to learn the specific job and participate in appropriate learning experiences? Yes No
• Would you consider this company for permanent placement? Yes No
• Would you recommend this as a Co-op work site to other U of A students? Yes No
  Why or why not?

• Please share any success stories or problem situations that you experienced while working at your Co-op work site.

• Do you wish to be contacted by the Co-op Coordinator to discuss this further? Yes No

• What new skills or procedures did you learn during your Co-op experience?

• Please elaborate and be specific regarding the following: What is your overall evaluation of your experience with this company/organization, especially in relation to your career goals?

For Alternating Students Only:
If you lived away from home, did your employer provide help finding appropriate housing? Y N
What assistance was provided to you?
Where, specifically, did you live (apartment complex name, section of town, descriptive information)?

Were your accommodations satisfactory? Y N
Comments:

Benefits provided by your company (circle all that apply):
Life insurance  Paid holidays  Vacation time  Sick pay
Relocation reimbursement  Tuition reimbursement  Scholarship  Medical insurance
Other (please specify _______________________________)

Student Name: ____________________________  Student Job Title: ____________________________

Company: ____________________________  Dates Worked: ____________________________

Instructions: The immediate supervisor will evaluate the student objectively, comparing him/her with other students of comparable academic level, with other personnel assigned the same or similarly classified jobs, or with individual standards.

RELATIONS WITH OTHERS
☐ Exceptionally well accepted
☐ Works well with others
☐ Gets along satisfactorily
☐ Has some difficulty working with others
☐ Works very poorly with others

ATTITUDE – APPLICATION TO WORK
☐ Outstanding in enthusiasm
☐ Very interested and industrious
☐ Average in diligence and interest
☐ Somewhat indifferent
☐ Definitely not interested

JUDGMENT
☐ Exceptionally mature
☐ Above average in making decisions
☐ Usually makes the right decision
☐ Often uses poor judgment
☐ Consistently uses bad judgment

DEPENDABILITY
☐ Completely dependable
☐ Above average in dependability
☐ Usually dependable
☐ Sometimes neglectful or careless
☐ Unreliable

ABILITY TO LEARN
☐ Learns very quickly
☐ Learns readily
☐ Average in learning
☐ Rather slow to learn
☐ Very slow to learn

QUALITY OF WORK
☐ Excellent
☐ Very good
☐ Average
☐ Below Average
☐ Very poor

ATTENDANCE
☐ Regular
☐ Irregular

OVER-ALL PERFORMANCE
☐ Outstanding
☐ Very Good
☐ Average
☐ Marginal
☐ Unsatisfactory

PUNCTUALITY
☐ Regular
☐ Irregular

What traits help or hinder the student’s advancement?

Additional Remarks (over if necessary)

Has this report been discussed with the student?  ☐ Yes  ☐ No

___________________________  ____________________________  ____________________________
Supervisor’s Name  Supervisor’s Signature  Date
COOPERATIVE EDUCATION

TERM PAPER

All papers must conform to the outline below. Papers not addressing one or more of the outline items will have to be revised to include the missing items before credit will be granted. This outline must be followed each semester you are enrolled in Co-op.

The paper should be:
➢ For students receiving 1 or 2 credit hours: 3-5 full pages in length (not including the cover page)
➢ For students receiving 3 credit hours: 10 full pages in length (not including the cover page)
➢ Typed in 12 point font, double spaced, 1-inch margins, free of grammatical and spelling errors

Co-op Term Paper Outline

I. Cover Page
   The cover page must include the following information:
   • Your name, student ID number, and your e-mail address
   • Your class standing (junior or senior) and your major
   • The number of semesters you have received Co-op credit
   • The semester for which the paper is being submitted
   • The number of Co-op hours you are registered for this semester
   • The company you are working for and the title of your position

II. Background
   Provide a one-paragraph description of your company and the division of the company in which you worked. Describe the primary products and services that your company delivers, how your division (or team) contributes to the company, and the features of your company that distinguish it from other companies in a similar industry. Also, provide a one-paragraph job description for the position you held during your Co-op work tour. The description should include: the name and title of your immediate supervisor, the primary duties you were responsible for on typical work days, and any additional duties you were occasionally responsible for. (If you are writing a 10 page paper, you do not need to limit your company background and job description information to one paragraph.)

III. Learning Objectives
   List the three learning objectives you established at the beginning of the semester. Include at least one paragraph for each learning objective and action plan. In each paragraph discuss the opportunities you had to meet the given objective and whether you felt the objective was met.

IV. Additional Experiences
   Sometimes the learning objectives do not adequately summarize what you learned during your work tour. If there were any additional responsibilities assigned to you, if you were given opportunities to learn things that were outside the scope of your original objectives, or if you learned valuable lessons that you did not anticipate, summarize in this portion of the paper.

V. Conclusion
   Summarize how this Co-op experience has contributed to your career development. Did the experience clarify the type of work you do or do not want to do? Which courses provided a useful background for performing your work and for understanding the business environment of your company?