

# CO-OPERATIVE EDUCATION

## FORMS GUIDE

## Co-operative Education Forms

### Pre-Placement Forms *(Must be completed prior to start of co-op)*

Name of Form	Purpose of Form	To be completed by		
		Faculty	Student	Employer
Co-op Agreement	For approving co-op placements	√	√	√
Co-op Registration Form (for optional co-op)	Form to be completed by student and signed by faculty/AC and provided to Campus Registrar	√	√	N/A
Risk Assessment & Compliance Agreement	To determine safe work environment and insurance compliance	√	√	√
Letter of Understanding (Mandatory Co-op)	Letter to be signed by students and kept on file by faculty	N/A	√	N/A
Letter of Understanding (Elective Co-op)	Letter to be signed by students in optional co-op elective and kept on file by faculty	N/A	√	N/A
Release of Information	Must be signed by student, faculty and employer prior to co-op	N/A	√	N/A
Intent to Complete International Co-op	For students considering completing their co-op outside of Canada	N/A	√	N/A

### In-Placement Forms

Name of Form	Purpose of Form	To be completed by		
		Faculty	Student	Employer
Orientation & Job Safety Review	To guide the orientation and ensuring safe work practices <i>Complete of first day of the co-op</i>	N/A	√	√
Confidentiality Agreement	To ensure confidentiality in the workplace <i>Complete within 2 days of start of co-op</i>	N/A	√	√
Site Visit/Check-ins	To guide conversations during site visit/check-ins <i>Complete twice throughout the co-op</i>	√	N/A	√
Accident/Incident Report <i>(as required)</i>	To document any accidents and incidents that take place during the field experience <i>Complete immediately following accident</i>	N/A	√	√

### Post-Placement Forms *(Must be submitted to faculty the first Monday after return to classes)*

Name of Form	Purpose of Form	To be completed by		
		Faculty	Student	Employer
Student Feedback on Employer	Opportunity to provide feedback on co-op and employer	N/A	√	N/A
Employer Feedback on Student	Opportunity to provide feedback on Student performance	N/A	N/A	√
Co-op Evaluation	Requirement for final report	N/A	√	N/A
Student of the Year Nomination	To nominate an outstanding co-op student for "Co-op Student of the Year"	√	√	√

- ❖ Some programs, (mainly Health & Human Services and Marine) may require additional forms. Please confirm with your faculty prior to starting Co-operative Education.

## Co-operative Education Agreement

To be completed by the faculty, student and industry partner prior to the start of the co-op

This agreement is to assist faculty in making an informed decision when approving co-ops. Faculty must consider if the placement aligns with the program outcomes.

### STUDENT CONTACT INFORMATION (to be completed by Student):

Indicate whether you are:  Canadian Citizen/Permanent Resident  International Student

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Phone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Student's Personal Email: \_\_\_\_\_

Campus: \_\_\_\_\_ Program: \_\_\_\_\_

I have reviewed NSCC's Co-operative Education Student Guide and agree to fulfill the responsibilities as outlined in the resource materials provided

\_\_\_\_\_ Date: \_\_\_\_\_

Student Signature

### FACULTY CONTACT INFORMATION (to be completed by Faculty)

Faculty Name: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Chair: \_\_\_\_\_ Email: \_\_\_\_\_

### EMPLOYER CONTACT INFORMATION (to be completed by Employer):

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Co-op Supervisor (Name & Title): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Co-op Dates: Start (mm/dd/yy) \_\_\_\_\_ End (mm/dd/yy) \_\_\_\_\_

Student's Hours: from: \_\_\_\_\_ to: \_\_\_\_\_ # Days per week: \_\_\_\_\_ Compensation: \_\_\_\_\_

*Hourly wage*

Days per Week:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

We have reviewed NSCC's Co-operative Education Employer Guide and agree to fulfill the responsibilities as outlined in the resource materials provided

\_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature

## Co-operative Education Registration Form

To be completed by the student, faculty and Academic Chair prior to the start of the co-op

This Co-operative Education Registration Form is to be used by students who wish to enroll in the in the optional co-op elective.

CO-OPERATIVE EDUCATION INFORMATION		
Student Name:		
Mailing Address:		
Student ID Number:		
NSCC Email Address:		
Program:		
Campus:		
Employer:		
Contact Person		
Student Signature:		Date:
Faculty Signature:		Date:
Academic Chair:		Date:
FOR OFFICE USE ONLY		
Registration and Enrollment Advisor Signature:		Date:
Course ID:	Catalogue Number:	Class Number:
Posted on PeopleSoft by: <input type="checkbox"/> Co-op Credit recorded on Transcript <input type="checkbox"/> Co-op designation recorded on Diploma		Date:
Tuition Payment Received by Business Office		Date:
Posted to Student Account		Date:
Receipt #		

**Note:** Tuition for Co-operative Education course is the amount of one credit course, payable to the Business Office at the local campus. This tuition is non-refundable if a student withdraws or does not complete the course. If a student is unable to obtain an approved Co-op placement, or does not meet eligibility requirements, tuition will be refunded. All tuition and fees must be paid to the Business Office to be eligible for graduation.

cc. Academic Chair, Registration and Enrollment Advisor

## Risk Assessment & Compliance Agreement

To be completed by the employer and student then approved by faculty prior to the start of the co-op

This risk assessment and compliance agreement is intended to assist with determining if the work site is a safe working environment for students, and ensures the industry partner has appropriate liability insurance.

### CO-OPERATIVE EDUCATION INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Faculty Advisor: \_\_\_\_\_ NSCC Program: \_\_\_\_\_  
 Co-op Supervisor: \_\_\_\_\_ Employer: \_\_\_\_\_

### RISK ASSESSMENT (to be completed by Employer):

**NSCC reserves the right to inspect the workplace at any time prior to or during the co-op with respect to a safe work environment.**

**Student Responsibilities:** (detailed list or attach job posting)


#### Will the student work with or be exposed to any of the following?

Hazardous materials (e.g., chemical, biological) or WHMIS-controlled substances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Typical office functions: prolonged sitting, standing, keyboarding, telephone use, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Patients/persons/children/youth requiring health services or day-programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals, insects, poisonous or irritant plants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working with the public: stores, office settings, hospitality, community events, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working alone: retail, tutoring youth/adults, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General physical labour: lifting, moving, transporting materials, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environmental extremes: hot, cold, dust, dirt in air, exposure to noise, hard terrain, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working at heights: interior or exterior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moving vehicles/mobile equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power machinery/tools, and/or non-powered hand tools, including kitchen tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environments requiring specialized supervision: e.g., bodies of water, confined spaces, working around firearms/explosives. Check with your board's community-based learning consultant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handling money: community events, store settings, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**RISK ASSESSMENT COMPLIANCE AGREEMENT:**

**Describe the control measures students must follow to minimize job hazards (Safe Work Procedures)**


**Will any personal protective equipment be required for the tasks to be performed? If so, describe.**


**Additional Comments:**


**ORIENTATION**

Co-operative education sites are expected to provide an orientation that includes a walk-through of work area and exits, how to respond in an emergency (e.g., fire, security), how to access first aid, how to use telephone system, etc. This orientation should take place on the first day of the student's field experience.

Date of co-op's orientation for student(s): \_\_\_\_\_

(DD/MM/YYYY)

**SIGNATURES (Original to be filed with Academic Chair):**

**NSCC students have insurance coverage through the Student Accident Insurance and the Student Insurance Program (SIP). For international students and activities, additional Student Guard insurance for students is mandatory and the cost is covered by the College.**

Safety is a core value at NSCC and it is important that our students are in safe working and learning environments while on Field Experience, Co-op, and Internships. NSCC students are covered by various NSCC insurance policies while on work experiences. We do ask that hosts maintain their own liability insurance that is appropriate for their business requirements. \$2 million General Commercial Liability is standard.

\_\_\_\_\_  
*Employer* **Date** \_\_\_\_\_

\_\_\_\_\_  
*Student* **Date** \_\_\_\_\_

\_\_\_\_\_  
*Faculty* **Date** \_\_\_\_\_

## Letter of Understanding (Mandatory Co-op)

*To be completed by the student and submitted to faculty prior to the start of the co-op*

The following guidelines are the standards that have been developed and implemented to assure a successful completion of your co-op.

### CO-OPERATIVE EDUCATION INFORMATION

Student Name: _____	Student ID: _____
Faculty Advisor: _____	NSCC Program: _____
Co-op Supervisor: _____	Employer: _____

Co-op is an extension of the campus studies where ongoing knowledge and skills will be gained through your practical experience. If any of these guidelines are abused or violated, you will be required to repeat this component of the program before graduating.

1. The co-op commences the beginning of May and ends on Thanksgiving Day in October. Even if the 600 hours are obtained before Thanksgiving Day, it is not permissible to terminate employment prematurely.
2. For a successful co-op, I (student) must attend all the co-op orientation/information sessions and abide by the rules and policies that have been developed and implement for co-ops.
3. I recognize that I may not be suitable or qualified for every co-op and that the faculty member will assist me to identify my areas of strengths and weakness. Also, I realize that there are limited work opportunities in my local community and may need to commute or re-locate to another geographic area, if necessary, in order to gain the required co-op.
4. It is understood that you are to obtain a pass (60%) in all of your first year courses in order to represent yourself, the program and the college on a co-op. In addition all the required program 'milestones' have been obtained.
5. The 'Release of Information' form will be signed so that it will give the college permission to communicate information regarding the student to the employer as requested and the employer to evaluate my performance as a component of the evaluation for the co-op credit.
6. In cases where a signed, legal contract with the co-op employer is a condition of employment, under no circumstances should any attempt be made to break such an agreement without first discussing and clearing it with the Faculty.
7. During the co-op, at no time are you to leave one co-op employer for another, unless first receiving approval from NSCC Faculty.
8. You are to return to the College to commence second year classes on the first Tuesday after the Thanksgiving weekend. Any exceptions must have prior approval from appropriate campus personnel.
9. In an exceptional case, you may be permitted to complete the required 600 hours after Thanksgiving Day. This would be decided on an individual basis after a review of any extenuating circumstances. If determined that an extension is warranted, you will be given until the end of the first term second year to acquire the remaining hours.

The guidelines have been read by me and are understood completely. I understand that a copy of this "Letter of Understanding" will be placed in my file for future reference.

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Student's Signature

Date

## Letter of Understanding (Optional Co-op)

To be completed by the student and submitted to faculty prior to the start of the co-op

The following guidelines are the standards that have been developed and implemented to assure a successful completion of your co-op.

### CO-OPERATIVE EDUCATION INFORMATION

Student Name: _____	Student ID: _____
Faculty Advisor: _____	NSCC Program: _____
Co-op Supervisor: _____	Employer: _____

Co-op is an extension of the campus studies where ongoing knowledge and skills will be gained through your practical experience. If any of these guidelines are abused or violated, you will be required to repeat this component of the program before graduating.

1. The co-op commences late April / early May and last between 12-16 weeks. Even if you obtain the minimum of 420 hours before the 12 weeks is complete, it is not permissible to terminate employment prematurely.
2. For a successful co-op, I must attend all the co-op orientation/information sessions and abide by the rules and policies that have been developed and implement for co-op.
3. I recognize that I may not suitable or qualified for every co-op and that the faculty member will assist me in identify my areas of strengths and weakness. Also, realize that there are limited work opportunities in my local community and may need to commute or re-locate to another geographic area, if necessary, in order to gain the required co-op.
4. It is understood that you are to obtain a pass (60%) in all of your first year courses in order to represent yourself, the program and the college on a co-op. In addition all the required program 'milestones' have been obtained.
5. The 'Release of Information' form will be signed that will give the college permission to communicate information regarding the student to the employer as requested and the employer to evaluate my performance as a component of the evaluation for the co-op credit.
6. In cases where a signed, legal contract with the co-op employer is a condition of employment, under no circumstances should any attempt be made to break such an agreement without first discussing and clearing it with your faculty or Academic Chair.
7. During the work experience, at no time are you to leave one co-op employer for another, unless the NSCC has been involved in this transfer from the beginning.
8. You are to return to the College to commence second year classes in September. Any exceptions must have prior approval from appropriate campus personnel.
9. In an exceptional case, you may be permitted to complete the required hours after your return to classes. This would be decided on an individual basis after a review of any extenuating circumstances. If determined that an extension is warranted, you will be given until the end of the first term in your second year to acquire the remaining hours.

The guidelines have been read by me and are understood completely. I understand that a copy of this "Letter of Understanding" will be placed in my file for future reference.

---

Student's Signature

Date



## Release of Information

To be completed by the student within two (2) business days from the start of the placement

This form is to ensure the collection, use and disclosure of student information is protected. During the co-op faculty and the employer will need to communicate regarding student performance during the placement.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Employer: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ Campus: \_\_\_\_\_

Co-op Dates: Start (mm/dd/yy) \_\_\_\_\_ End (mm/dd/yy) \_\_\_\_\_

### EMPLOYER TO NSCC AND NSCC TO EMPLOYER

The student listed above will be on a co-op with the employer list above during the dates outlined above.

In accordance with the **Freedom of Information and Protection of Privacy Act (FOIPOP)** and **the Personal Information Protection and Electronic Documents Act (PIPEDA)**, students may be required to have communications and certain information released to parties in order to obtain a credit for a course of the program that they are enrolled.

The employer is required to complete an end-of-placement feedback form to be shared with you and the faculty member. This information becomes a major component in the success of obtaining this credit.

A copy of this signed form has been given to the employer for their files.

### SPECIFIC INFORMATION CONSENT

Please indicate the specific information that you will be giving approval for both the employer and the NSCC Faculty to communicate by **initialing** the approximately boxes.

Name  Contact Information  Attendance

Job Performance  Health Conditions  Other (specific)

### SIGNATURE

\_\_\_\_\_  
Student Date: \_\_\_\_\_

## Intent to complete International Work Placement

*To be completed by the student prior to the last day of classes in the Fall Semester*

This form is for students intending to participate in a work placement outside of Canada. All international work experience must incorporate measures to protect the well-being of students, manage risks, and support a conducive learning environment.

The completed form must be emailed to [WorkExperience@nsc.ca](mailto:WorkExperience@nsc.ca) and copy your faculty.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Academic Chair: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Program: \_\_\_\_\_ Are you an international student?  Yes  No

### INTERNATIONAL DETAILS

Country of Placement? \_\_\_\_\_

Industry Partner (if known): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type of duties? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PROCESS

- This information will be sent to the NSCC International Office and they will contact you with information on the next steps. Next steps include the following questions:
  - Do you have a valid passport?
  - Are you aware of Global Guard Insurance? ([www.guard.me](http://www.guard.me))
  - Have you completed any associated Visa requirements?
- More information can be found on the NSCC International website <http://international.nsc.ca/>

### SIGNATURE

\_\_\_\_\_  
Student

Date: \_\_\_\_\_

## Orientation and Job Safety Review

*To be completed by the employer and the student during the first day of the placement*

This form serves as a guide for employer and students to assist with establishing clear objectives for the placement, getting acquainted with the worksite, the organization, duties and responsibilities, and safe work practices.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_ NSCC Program: \_\_\_\_\_

Co-op Supervisor: \_\_\_\_\_ Employer: \_\_\_\_\_

### ORIENTATION CHECKLIST (to be completed by student & employer)

At the conclusion of the orientation the student should:

- Be familiar with the job description and have a clear understanding of what is expected of them
- Be familiar with the company's Mission, Vision, Values, Strategic Plan and any relevant business plans
- Be familiar with the company's organizational structure
- Be familiar with the company's internal web sites, if applicable
- Feel welcomed, valued, and a productive member of the team

### JOB SAFETY REVIEW (to be completed by student & employer)

At the conclusion of the job safety review the student should:

- Be familiar with, and comply to, the employer's policies, rules, and regulations including OH&S
- Have the tools, equipment and training needed for your job
- Know the physical layout of your work site; including emergency exits and locations of all first aid supplies and fire protection equipment
- Be familiar with any job hazards that may be present
- Have all the personal protective equipment required for the tasks assigned
- I have reviewed our Company Safety Program & Policy with the student on or before the first day of the work placement. **Date Reviewed:** \_\_\_\_\_

### SIGNATURES (Copy to be filed with Academic Chair)

Thank you for allowing our student(s) to participate in a work placement with your organization.

\_\_\_\_\_  
Student Date: \_\_\_\_\_

\_\_\_\_\_  
Co-operative Education Supervisor Date: \_\_\_\_\_

## Confidentiality Agreement

To be completed by the student and employer within two (2) business days from the start of the placement

This agreement is to ensure confidentiality in the workplace. Confidentiality is imperative to maintaining privacy, security and trust in professional and personal interactions. In situations where sensitive information is shared or assessable, confidentiality is mandatory.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

NSCC Program: \_\_\_\_\_ Campus: \_\_\_\_\_

Co-op Supervisor: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

### CONFIDENTIALITY AGREEMENT (to be completed by Student)

I, \_\_\_\_\_, agree to hold in confidence all information  
*(Name – print)*

regarding clients, policies, and work materials that I may acquire or be privy to throughout my

work placement with \_\_\_\_\_.  
*(Employer Name)*

It will, however, be necessary to share with my faculty general information that is pertinent to my educational experience.

### SIGNATURES

\_\_\_\_\_  
Student Date: \_\_\_\_\_

\_\_\_\_\_  
Co-operative Education Supervisor Date: \_\_\_\_\_

## Co-operative Education Check-in

*To be completed by the faculty and employer during the placement*

This form is intended to guide conversations during site visits and check-ins between the Faculty and the Employer.

### STUDENT INFORMATION

Student Name: _____	Employer: _____
Student's Position: _____	Co-op Supervisor: _____
Student ID: _____	Email Address: _____
Program: _____	Campus: _____

### CHECK-IN DETAILS

Date (month/dd/yyyy): _____	
Interview Conducted:	<input type="checkbox"/> with the student and supervisor separately
	<input type="checkbox"/> with the student present during the visitation
Visit:	<input type="checkbox"/> On-site
	<input type="checkbox"/> By phone, skype, email, other: _____

#### RELATIONS WITH OTHERS

- Works well with others
- Gets along satisfactorily
- Some difficulty
- Works poorly with others

#### DEPENDABILITY

- Completely dependable
- Satisfactory
- Sometimes neglectful or careless
- Unreliable

#### ABILITY TO LEARN

- Exceptional.
- Very good, except \_\_\_\_\_
- Satisfactory, but \_\_\_\_\_
- Below average, should \_\_\_\_\_
- Very slow

#### ATTITUDE – APPLICATION TO WORK

- Very interested and industrious
- Satisfactory in diligence and interest
- Somewhat indifferent
- Definitely not interested

#### JUDGMENT

- Exceptionally good
- Above average in making decisions
- Usually makes the right decision
- Often uses poor judgment

#### PERSONAL APPEARANCE

- Excellent taste in grooming and cleanliness
- Above average interest and enthusiasm
- Satisfactory amount of interest and enthusiasm
- Somewhat indifferent
- Definitely no interest or enthusiasm

#### ATTENDANCE

- Regular
- Irregular

#### PUNCTUALITY

- Regular
- Irregular

#### OVERALL WORK PERFORMANCE

- Outstanding
- Very Good
- Average
- Marginal
- Unsatisfactory

#### STUDENT NEEDS TO IMPROVE ON

**(Please check all that apply)**

- Human Relations
- Accepting constructive criticism
- Following orders/directions
- Use of telephone
- Quantity of work
- Ability to communicate (written-spoken)
- Mathematics ability
- Quality of work
- Operating equipment
- Other

### SIGNATURE

\_\_\_\_\_  
Faculty

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Accident/Incident Report

*To be completed by the student and employer the day the incident occurs*

This report is to document any accidents or incidents that occur during a work placement. When an accident occurs, it is important to report the occurrence so action can be taken to ensure similar or more serious incidents do not happen again.

This completed form should be emailed to [WorkExperience@nsc.ca](mailto:WorkExperience@nsc.ca) OR faxed to Work-Integrated Learning at **(902) 491-4835**.

Once received by the Faculty/Academic Chair they are required to complete the Accident/Incident Reporting Form on OurNSCC.

STUDENT INFORMATION	
Student's Name: _____	Phone: _____
NSCC Program: _____	Campus: _____
Email: _____	Date: _____

EMPLOYER INFORMATION	
Supervisor's Name: _____	Phone: _____
Work Placement Site: _____	Email: _____

INCIDENT DETAILS	
Incident Type: <input type="checkbox"/> Injury/Illness <input type="checkbox"/> Property Damage <input type="checkbox"/> Fire <input type="checkbox"/> Spill <input type="checkbox"/> Other: _____	
Date of Incident: _____	Time of Incident: _____
Location of Incident: _____	
Nature of Injury: _____	
Aid Given: <input type="checkbox"/> On Site <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____	
Details of all damage incurred as a result of the accident/incident ( <i>attach additional pages as required</i> ):	
_____	
_____	
_____	

WITNESSES	
Name: _____	Phone: _____
Statements Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____	Phone: _____
Statements Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURES	
_____	Date: _____
Student	
_____	Date: _____
Co-op Supervisor	

## Student Feedback on Employer

To be completed by the student within two (2) business days following the placement

This evaluation provides you with an opportunity to evaluate your co-op and employer. This information is important for faculty when considering future work placements.

### STUDENT INFORMATION

Student: \_\_\_\_\_ Company: \_\_\_\_\_

Program: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Campus: \_\_\_\_\_ Student's Position: \_\_\_\_\_

### FEEDBACK

Please rate your work experience during this past work placement according to the following criteria. Please place a check mark next to your rating.

	High	Good	Average	Poor	Very Poor	No Observation
Work placement relates to field of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequacy of industry partner supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of job supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness of colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to use academic training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to develop human relations skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provisions for levels of responsibilities consistent with student ability and growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to develop communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to develop creativity skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to develop critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of faculty advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you want to work for this organization again?  Yes  No

Would you recommend the employer to other students in your field?  Yes  No

Did the work placement meet, exceed, or fall below your expectations?  Meet  Exceed  Fall Below

**Please give your employer an OVERALL EVALUATION**

- Excellent
- Above Average
- Satisfactory
- Below Average
- Unsatisfactory

**COMMENTS**

*Please make specific comments to help us in further evaluating your work placement*

**SIGNATURE**

\_\_\_\_\_

Student

\_\_\_\_\_

Date



## Employer Feedback on Student

To be completed by the employer within two (2) business days following the placement

This evaluation provides you with an opportunity to provide feedback on student performance. In order for a student to successfully complete their work placement they must receive a minimum of a "Satisfactory" rating on their overall performance.

STUDENT INFORMATION	
Student: _____	Company: _____
Student's Position: _____	Supervisor: _____
Program: _____	Phone Number: _____
Campus: _____	Date: _____

### INTEREST IN WORK

- High interest in job. Enthusiastic.
- Above average interest and enthusiasm.
- Satisfactory amount of interest and enthusiasm.
- Somewhat indifferent.
- Definitely no interest or enthusiasm.

### INITIATIVE

- Self-starter. Asks for new jobs. Looks for work to do.
- Proceeds independently in most matters.
- Does all assigned work.
- Must be told what to do frequently. Relies on others.

### ORGANIZATION & PLANNING

- Does an excellent job of planning and organization work and time.
- Usually organizes work and time effectively.
- Sometimes fails to organize and plan work effectively.
- Disorganized. Fails to plan work effectively.

### ABILITY TO LEARN

- Learns work readily.
- Satisfactory in understanding work.
- Rather slow in learning work.
- Very slow in learning work.

### ORAL COMMUNICATION

- Very good
- Satisfactory
- Unsatisfactory

### WRITTEN COMMUNICATION

- Very good
- Satisfactory
- Unsatisfactory

### QUALITY OF WORK

- Thorough in performing work. Few errors, if any.
- Usually thorough. Few errors.
- Average. Has normal number of errors.
- More than average number of errors.
- Poor. Often makes errors.

### QUANTITY OF WORK

- More than expected amount of productivity.
- Average productivity.
- Below average productivity.
- Low output. Slow.

### JUDGEMENT

- Exceptionally mature.
- Very good. Uses common sense.
- Usually good in routine situations.
- Sometimes undependable.
- Poor.

### DEPENDABILITY

- Can be depended upon in any situation.
- Can be depended upon in most situations.
- Dependable in routine situations.
- Somewhat unreliable. Needs to be checked up on frequently.
- Unreliable.

### INTERPERSONAL SKILLS

- Excellent team worker. Contributes to group relationships & effectiveness.
- Congenial and helpful. Works well with others.
- Sometimes has difficulty working with others.
- Works poorly with others. Has an adverse effect on the group.

### RESPONSE TO SUPERVISION

- Expresses appreciation and takes action on suggestions and criticism by supervisor.
- Willingly accepts suggestions and criticism.
- Accepts suggestions and criticism in a satisfactory manner.
- Reluctantly accepts suggestions and criticism.
- Resents suggestions and criticism.

### ADAPTATION TO FORMAL RULES AND POLICIES (including safety guidelines)

- Excellent.
- Above average.
- Adequate.
- Poor. Refuses to recognize formal procedures and rules.

### ATTENDANCE

- Regular
- Irregular

### PUNCTUALITY

- Regular
- Irregular

### OVERALL PERFORMANCE

- Excellent
- Above Average
- Satisfactory
- Below Average
- Unsatisfactory

What are the student's areas of strength?

Are there any areas in which the student needs improvement?

Would you recommend this student to another employer? *Why or Why not?*

If employment were available in the future, would you want this student to return to your company?

## SIGNATURES

This feedback is confidential and will only be discussed with the student with your consent. However, we encourage you to discuss this feedback with the student.

**I, the undersigned, understand that this information may be shared with the student as appropriate for evaluation purposes.**

\_\_\_\_\_   
 Co-operative Education Supervisor

Date: \_\_\_\_\_

## Co-op Student of the Year Nomination Form

Employers and/or faculty are encouraged to nominate candidates, any NSCC student that has successfully completed a co-op placement can be nominated.

**Please complete the appropriate section below and attach the requested documentation.**

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Campus: \_\_\_\_\_ Program: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### CO-OP EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ Student's Supervisor: \_\_\_\_\_

Company Address: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Student's Position Title: \_\_\_\_\_

Start Date of Co-op: \_\_\_\_\_ End Date of Co-op: \_\_\_\_\_

**I hereby nominate/support, \_\_\_\_\_, for consideration as a candidate for NSCC's Co-op Student of the Year Award.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach a brief summary (maximum one page) explaining your reasons for nominating/supporting this student. Please include:

- Brief list the duties and responsibilities of the student while on a co-op with your company
- Describe how the student performed in comparison to your expectations
- Describe any outstanding achievements on the job that you feel warrant consideration for this award

***Thank you for supporting NSCC's co-op program and the co-op student that you are recommending for this award!***

### FACULTY INFORMATION

Faculty Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby nominate/support, \_\_\_\_\_, for consideration as a candidate for NSCC's Co-op Student of the Year Award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach a brief summary (maximum one page) explaining your reasons for nominating/supporting this student. Comment on the student's academic performance in the co-op program: list achievements, awards, extracurricular, and volunteer activities of the student.

### STUDENT AUTHORIZATION & CHECKLIST (to be completed by student)

- Verify that your personal information is accurate.
- Attach a current resume. Ensure that your co-op placement is included, as well as, any extracurricular and volunteer activities.
- Attach a current transcript.
- Attach a brief summary (maximum two pages) describing how participating in co-op has enhanced your career development, personal goals and academic experience.
- Attach a copy of your co-op report (optional)

I, \_\_\_\_\_, agree to have my name put forth for consideration as a candidate for NSCC's Co-op Student of the Year Award.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CRITERIA CONSIDERED

The following criteria is considered by the selection committee when determining NSCC's Co-op Student of the Year:

**Student achievements on the job:** Contributions to the employer such as cost savings, process/quality improvement innovations, record sales performance, and customer service initiatives etc.

**Student achievements at the College:** Academic grades and awards.

## Student Co-op Evaluation Requirements

### PART 1 WRITTEN REPORT AND GUIDELINES:

The co-op report will consist of 14 pages, double-spaced pages on standard 8"x11" white paper. The font choice can either be 'Times New Roman' and/or 'Calibri' 12pt. Pages are to be numbered in the upper right hand corner.

1. This formal report will contain the following parts in this order:
  - **Letter of Transmittal**
    - directed to Co-operative Education Advisor (attached to front of report)
  - **Title Page**
  - **Executive Summary**
    - a one to two page summary of the report. It serves as a synopsis of the purpose, recommendations and outcomes of the report.
  - **Table of Contents**
  - **Background information**
    - on the organization or company, including history of the property and who the owners are. Also include purpose and scope of the work term. This will allow the reader to better understand the context of the report.
  - **Reflection/Main Body of Report**
    - A comprehensive description of the work term, from initial approach through detailed analysis of work term to final results.
    - Explain the first day activities and the training provided. Please outline organizational departmental and task specific training as to time spent and an overview of content.
    - Include the responsibilities and duties performed during the Co-operative Education job.
    - Identify any problem areas in the organization. Define problems, outline relevant information, suggest alternative ways to correct the problems, and finally choose the best solution to the problems, giving rationale for choice made.
  - **Conclusion**
    - Evaluate and explain in detail the relevancy of Co-operative Education to the college program and personal career goals.
    - Examine how this experience has affected your attitude towards yourself and others.
    - Examine what strengths and weaknesses you have discovered about yourself.
    - Explain some of the things you have learned about people, their attitudes toward work, and how they relate to co-workers and supervisors.
    - Explain how the work term improved your ability to work with others.
    - Explain how this experience has affected your attitude toward people, work and your future.
  - **Bibliography** (if reference works are used)
    - See reference text for appropriate format.
  - **Appendices**
    - used to provide extra details. You can give readers access to supporting documents without cluttering up the main sections of the report. You must refer to the appendices in the report and label appendices clearly. Pay slips and/or separation slips should be attached as an appendix.
2. The report should be written in language that is easily understandable to a reader who is unfamiliar with the program of study, the Co-operative Education component and the assignment. Explain terms that are exclusive to the industry. Be objective. Relate all evaluations to facts. Keep the tense of the report consistent. Use appropriate language, correct sentence structure, correct spelling, standard punctuation, and appropriate paragraphing.
3. Headings and various levels of subheadings should also be used. Tabbed sheets are a good way to make all report selections, including appendices, easy to find.
4. The use of drawings, pictures, graphs, charts, descriptions, and materials to supplement the written part of the report is strongly encouraged. Placement of visual aids and titles within the report should be consistent throughout.
5. Submit the report in a folder that binds on the left margin. Set the margins for that of a left-bound report.
6. Pages should not be put in plastic sleeves, unless requested by faculty.

## PART 2: REFLECTIVE LEARNING JOURNAL

### Written Journal

Students are required to make reflective observations on placement activities. This will assist them in preparing the work term report. The assignment is a course requirement, and is not a substitute for any record or summary required by the Co-operative Employer.

The students will submit their observations for review with their written report. Confidential information about the organization should be excluded. The reflective learning component and the final work term assignment will be shared with the employer only with the permission of the student.

Reflective learning can take many different forms. Your instructor may ask you to evaluate your learning experience by using one of the following methods:

- **Self-assessment** (What are the skills that I am developing on the job – analyze using the Conference Board of Canada Employability Skills)
- **Peer-assessment/debriefing** (get together with other students and discuss the challenges and learning of the workplace)
- **Learning logs** (e.g. journaling around specific questions – what was the significant event of the week – how did I handle it? What did I learn/reinforce? What did the literature/mentor say?)
- **Critical incident diaries** (Describe the situation. How did I handle it? What did I learn/have reinforce?)
- **Fieldwork diaries/logs** (Describe the experience in the field. What was significant about it? How did it influence others? How did it influence me?)
- **Personal development planners** (Set learning goals/outcomes that are measurable and documented)
- **Reflective commentaries** (read articles related to your field of study during the work placement and reflect on them)
- **Action research** (develop a project during your learning period that contributes to the work place; complete a specified number of information meetings with people in the field)
- **Synoptic or ‘capstone’ modules** (students & faculty hold a group discussion on challenges, successes and the work performed by each student at their respective placement. By listening to fellow students you become acquainted with different approaches at a workplace and the various skills sets necessary to succeed.)

The reflective learning process consists of thoughtfully considering aspects such as:

- What are we learning?;
- How are we learning?;
- What are our strengths and weaknesses in the course of learning?;
- What are our learning priorities?;
- How can we improve upon the learning process? and;
- How well are we working towards achieving our short or long-term goals?

## PART 3: PERSONAL TRAINING GOALS

Besides the learning outcomes as defined in the Co-operative Education course outline, the student is to develop 5 personal goals to work on during their work term. The students are to pass these goals in for review with the faculty member before the commencement of the work term.

A component of the written report will address their five personal goals and how they were met during their experience.

## PART 4: ORAL PRESENTATION

The oral presentation will be scheduled upon the student’s return to the campus. The presentation should be a minimum of 30 minutes in length, or otherwise, as indicated by your Faculty. Visual aids may be used for enhancement. The evaluation of the presentation will be based on communication skills, personal attributes, and content. We request that students attempt to bring back a Public Relations photo of their Co-operative Education work site placement so we may post it.

Where more than one student is working at a property a team presentation is encouraged and every student must present equally. Recommended schedule: 1 student-30 minutes; 2 students- 50 minutes; 3 students -60 minutes

Items to include and/or consider:

- Overview of property
- Outline the details of the operation
- Outline of job responsibilities and scope (job description)
- Identify key markets
- Identify key competition
- Analysis of strengths, weaknesses, opportunities, and threats of employer
- Critical events
- Conclusion

## PART 5: ATTENDANCE REPORTING

To meet and verify the minimum hours required for the co-op program, students are to record day/hours worked and submit to their Faculty Advisor according to the process set out by that Advisor.

Faculty will provide each co-op student with the necessary form to complete and submit if required. Whether these forms are mailed, faxed, or forwarded electronically to the Faculty Advisor is up to the individual Faculty. A copy is to be completed by each student and returned to the Campus at the first of each month.

A copy of the **Record of Employment (ROE)** is to be included in the Co-operative Education Report to confirm the 'year-to-date' hours. If the student will be continuing the co-op job as a part-time job, a pay-stub indicating the year-to-date hours may be submitted instead of the ROE.