

CENTRAL OREGON COMMUNITY COLLEGE

Computer and Information Systems

COOPERATIVE WORK EXPERIENCE CIS 280

3 credits

Credits

To receive credit for CWE, it is necessary to complete on-the-job training during the term in which you are registered. It is expected that the hours will be completed by the end of the last week of regular classes; work is highly discouraged during final exam week. Working between terms (Christmas Break, Spring Break, after Summer Term) is permissible with the approval of your CWE Coordinator.

- 99 hours of work must be completed to receive 3 CWE credits (33 hours per credit).

The following items must be submitted to earn CWE program credits:

1. CWE Agreement with appropriate signatures (pages 4 and 5)
2. Weekly Production and Time Reports documenting your hours of work and tasks completed (page 7)
3. Evaluation completed by work supervisor (pages 9 and 10)
4. Job Analysis / Reflection paper (page 3)

Training Agreement

The two-page Training Agreement form (pages 4 and 5) needs to be signed by you, by your employer, and your CWE Coordinator. This is to be completed at the **beginning** of the training period.

Training Plan

Each student needs a completed Training Plan (page 6) which indicates the type of work the student will be exposed to during the training period. The "Student Tasks/Outcomes" will be completed by the work supervisor/employer **very early** in the training period. When finished, it is submitted to the CWE Coordinator.

Weekly Production and Time Reports

Obtain the Weekly Production Report forms (page 7) from your CWE Coordinator; submit them **each week** listing hours worked, duties performed, and problems encountered. The student must submit to the Coordinator the working hours as arranged with the employer. If the student is working as a volunteer (non-paid), it is very important that the agreed upon hours be adhered to due to workers' compensation and liability coverage.

Evaluation

Near the end of the term, the work supervisor will be asked to review your work performance through the completion of an evaluation document (pages 9 and 10). Your employer/supervisor should review this with you, and you will return it to your CWE Coordinator. Your CWE Coordinator will make a minimum of one visit to your workplace.

Job Analysis Paper

A paper reflecting on the term's experiences and comparing the classroom with the business practices your company uses will be completed before the end of the term. A list of areas to be discussed is attached (page 3).

The student must submit the paper to the CWE Coordinator no later than the last week of the term. Include such things as some interesting human relations observations you made, how you have grown personally and professional as a result of this experience, and any other comments you wish to make to summarize your experience. Be honest in your assessment of the work experience; your comments will be kept confidential.

Deadlines:

- Training Agreement (pages 4 and 5): At start of term **before** work begins
- Weekly Production Reports (page 7): Submit **weekly**
- Evaluation Form (pages 9 and 10): By **Wednesday** of final exam week
- Job Analysis / Reflection Paper (page 3): By **Friday** of last week of the term

Optional Special Assignment

Check with your CWE Coordinator for a special assignment which is appropriate for you based upon how many credits you are earning for the term and upon how many times you have received CWE credit in prior terms.

COOPERATIVE WORK EXPERIENCE

Job Analysis Paper

PART A

Include the following areas based on your experience this term.

A. Nature of the business:

Brief history of the company

Training/education required of employees in the Information Systems area

Skills needed for employees in the Information Systems area

Does the business encourage training? If so, how do they provide training?

Salary ranges and benefits (entry level, experienced)

B. Human relation skills:

Which human relation traits did you observe to be critical to success in the business?

Do employees work under close supervision?

Do employees work independently or as a team?

C. Hardware: List specific brands, configurations, features used

Computers/printers

Networks

Phone systems

Other

Does the business have a hardware replacement plan? If so, describe the plan.

D. Software: List all software used in the business and describe typical tasks using each software package.

E. Job Description:

Describe the tasks you completed during your work experience. Which tasks were the most difficult to complete? Which tasks were the easiest to complete?

PART B

Make a comparison of the procedures used by the business with the information, procedures, and equipment you have been exposed to in the classroom. How do they relate? Have you found some things which have prepared you well for the computer field? Have you noticed some areas where you do not feel adequately prepared to function in that business? Be as specific as you can. Perhaps curriculum changes are in order or other courses need to be included in your own training program to fill some void.

CENTRAL OREGON COMMUNITY COLLEGE
Cooperative Work Experience Agreement
Computer and Information Systems

Today's Date _____

Term _____

Student Name		SSN		College Major	
Student Mailing Address		City	State	Zip	Home Phone Number
Faculty Coordinator		Phone Number	Start Date	Completion Date	Number of Credits
Course Number CIS 280	CRN	Previous CWE Credits	Job Title		

Wage \$ _____ Unpaid Worker's Compensation paid by: Employer COCC

Other Compensation \$ _____

If an injury occurs while on the job, a workers compensation form must be completed and returned to the CWE director within five (5) days.

WORK SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Scheduled Hours							

EMPLOYER/SUPERVISOR INFORMATION

Company/Agency Name (Print)	Supervisor's Name	Title
Address	City, State, Zip	Phone ()

This form must be completed before work begins

COOPERATIVE WORK EXPERIENCE
Agreement Page Two

In compliance with the Federal Family Education Rights and Privacy Act of 1974, I authorize release of school records and other records maintained by the Cooperative Work Experience Office and Personnel in connection with the Cooperative Work Experience program. It is understood that such information will be discussed only with a potential employer, and that such employer will be enjoined from releasing this information to any third party.

Are there any physical limitations/health problems an employer should be aware of?

I understand that I will receive Cooperative Work Education credit upon completion of the work experience requirements in accordance with college policy. I will keep my faculty coordinator informed of my work activities and contact them prior to changing my work status. I realize that if placed in this CWE position by the college, I can not file an unemployment claim against my employer at the end of the placement unless I was already an existing employee when I entered the program.

Student's Signature

Date

I agree to work with this Cooperative Work Experience student in accordance with company rules and regulations. If any question should arise, I will contact the COCC coordinator. As the supervisor of the student, I will complete a training plan and evaluate the progress of the student. This firm is an Equal Opportunity Employer. Students in this program will be accepted and assigned work without regard to their race, color, religion, sex, age, marital status, national origin, veteran status (disabled or Vietnam era) or mental or physical disability. There is no commitment for full-time employment at the end of this work experience.

Employer's Signature

Date

The faculty coordinator provides the necessary supervision and counseling to insure that the maximum education benefit may be achieved for the student's work experience. The college will award academic credit for work successfully accomplished. It is the policy of COCC that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, parental status, religion, national origin, age or disability in any educational programs, activities, or employment.

Faculty Coordinator's Signature

Date

**COOPERATIVE WORK EXPERIENCE
Training Plan**

Student Tasks/Outcomes
1. Practice appropriate work ethics. (e.g. complete working hours and mannerism)
2. While in the presence of a technician working with a customer, observe customer relation skills.
3. Perform job-entry level tasks as assigned by supervisor.
4. Maintain a daily journal of all CWE activities.
5. Make a special effort to keep your college instructor informed of progress.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.

CENTRAL OREGON COMMUNITY COLLEGE

Cooperative Work Experience

Weekly Production Record

Name _____ Week Ending _____

Employer _____ Supervisor _____

HOURS WORKED

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total hours worked this week: _____

Jobs Performed _____

New jobs or procedures learned this week: _____

Problems encountered this week: _____

Other Comments: _____

CENTRAL OREGON COMMUNITY COLLEGE

COOPERATIVE WORK EXPERIENCE - CIS 280 Final Grade Analysis

Student's Name: _____

SSN: _____

CRN: _____ Credits: _____

Teacher: _____

GRADING

Grading is on the pass/no-pass basis. To attain a P (Pass) course grade, all of the following must be completed:

	PASS	NO PASS
Complete 33 hours of work per credit	<input type="checkbox"/>	<input type="checkbox"/>
Weekly Production and Time Reports	<input type="checkbox"/>	<input type="checkbox"/>
Training Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation by Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
Job Analysis Paper	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Final Grade (P/NP):	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Instructor Signature: _____ Date: _____

Cooperative Work Experience - Appraisal of Employee Performance

Student Name _____

Position _____

Use this form to appraise each employee. For each factor, select the group of words which best describes your judgment of the employee and circle the point value for that group. Comments on each category may be made as appropriate. This form should be discussed with the employee. The employee will then return the form to the Cooperative Work Experience Coordinator.

A. QUALITY OF WORK Consider accuracy, attention to details, neatness of work, thoroughness, and the avoidance of repetition of errors	15 14 13 12 Consistently high quality	11 10 9 8 Above average	7 6 5 4 Passable	3 2 1 Poor quality; below standard
B. RELIABILITY / FOLLOW THROUGH Can be "counted on" to complete work on schedule; follows job through to completion	15 14 13 12 Can always be counted upon	11 10 9 8 Usually completes assigned work on own	7 6 5 4 Unpredictable performance; need to keep on top of their work	3 2 1 Needs constant reminding and follow up
C. QUANTITY OF WORK Volume, amount of output, speed with which work is done	10 9 8 Large volume	7 6 5 Good volume	4 3 Average volume	2 1 Below average
D. DEPENDABILITY Consider attendance, punctuality, appropriate notice of tardiness or absence	10 9 8 Excellent record	7 6 5 Occasionally late or absent	4 3 Frequently late or absent	2 1 Undependable; absent or late without notice
E. INITIATIVE Regularly finds what needs to be done and does it; takes initiative to learn new jobs	10 9 8 Finds work and does it; never sits idle	7 6 5 Occasionally does more than expected	4 3 Average amount of initiative	2 1 Shows little initiative; does minimum needed
F. COOPERATION / TEAMWORK Willing to "dig in" to carry peak leads; promotes goodwill with co-workers	10 9 8 Willingly works with and for others	7 6 5 Helpful, beyond regular duties	4 3 Helps out, if asked	2 1 Cooperates reluctantly

G. PERSONALITY / ATTITUDE Shows sincere enthusiasm for work; optimistic; positive; cheerful; friendly; polite; tactful; poised favorably represents company	10 9 8 Unusually fine attitude	7 6 5 Generally has good attitude	4 3 Some good days, some bad days	2 1 Poor, negative attitude
H. JUDGMENT / COMMON SENSE Plans a routine for completing work; uses tact in dealing with others; uses logical thought processes; utilizes time wisely; sets appropriate priorities	10 9 8 Justifies utmost confidence	7 6 5 Usually uses good judgment; usually is organized	4 3 Average; needs a little more experience	2 1 Doesn't "think"
I. FLEXIBILITY / ADAPTABILITY Quick to accept changes; adjusts readily to interruptions in work; works well under pressure; learns fast	5 4 Learns quickly; very flexible; handles pressure well	3 Average	2 Slow to learn; resists change	1 Unable to learn; falls apart under pressure
J. PERSONAL APPEARANCE / WORK STATION Presents an appropriate, well-groomed appearance; keeps work station outstandingly neat and organized	5 4 Always presents themselves at their best	3 Usually concerned	2 Passable; needs some improvement	1 Does not meet our standards

COMMENTS

Supervisor

Date

Student

Date

CENTRAL OREGON COMMUNITY COLLEGE VOLUNTEER INFORMATION SHEET

Please complete the information below. This information is needed so that the College can provide coverage with it's workers compensation carrier to the full extent of the College's liability policy during the time you are working as a volunteer.

TERM _____ YEAR _____ BEGIN DATE _____
END DATE _____
DEPARTMENT _____ OFF SITE LOCATION _____
NAME _____ SSN _____
ADDRESS _____ PHONE: HOME _____
CITY/STATE/ZIP _____ WORK _____

M T W R F S U _____ = _____
days of week worked (circle) Start time _____ end time _____ hours per week
_____ hours per month

Supervisor's Signature

Date

Please return this form to Lori Ortiz, Fiscal Services, for workers compensation coverage.