

Form #1

Checklist for Cooperative Education Program

Student name _____

Date _____ Received _____

You need the following papers for the Cooperative Program.

Please return this folder with completed papers to Mrs. Kilburn as soon as possible. No Co-op application will be processed unless all documents ** are submitted.

Co-op Program Coordinator

ONLY FILL OUT THE REQUIRED DOCUMENTS ONCE THE GUIDANCE FORM HAS BEEN COMPLETED AND APPROVED.

List of forms needed to complete your folder**:

___ Guidance Office Recommendation (Form 2)

___ Application Form (Form 3)

___ (3) Teacher Recommendations (Form 4)

___ Student-Parent Consent Form (Form 5)

___ Driver Permission Form (Form 6)

___ Driver's License (copy)

___ Car Insurance (copy)

___ Medical Insurance Card (copy)

The following papers/reports will be required after acceptance and employed. These forms will be added to your file:

___ Acceptance (Form 7)

___ Training Plan (Form 8)

___ Absenteeism guidelines (Form 9)

___ Confidentiality Statement (Form 10)

___ Obligations (Form 11)

___ Termination Factors (Form 12)

___ Work Log (Form 13)

___ Student Evaluations (Form 14)

___ Appeals (Form 15) if applicable

Form # 2
Franklin-Simpson High School
Simpson County Career and Technical Education

Guidance Office Recommendation

Program Candidate _____

Grade _____ Course of Study _____

Entrance Date _____ Graduation Date _____

Did this student transfer from another district? No Yes (date) _____

Absence Totals

9th year _____ 10th year _____ 11th year _____ 12th year, to date _____

Tardy Totals

9th year _____ 10th year _____ 11th year _____ 12th year, to date _____

Current Credits Earned _____ Current GPA _____

Credits Needed to Graduate _____

On track to graduate with current class Yes No

Is this student's schedule adaptable to include him/her in the program? Yes No

This student **has/does not** have sufficient credits, GPA, college or career readiness standard and has a good attendance record to participate in the Cooperative Program.

RECOMMENDED FOR CO-OP PROGRAM Yes No

School Counselor Signature

Date

Form # 3

**Franklin-Simpson High School
Simpson County Career and Technical Education
Program Application
(Please Print)**

Student Name: _____

Home Address: _____ Phone No.: _____

Date of Birth: _____ Age: _____

Mother's Name: _____

Father's Name: _____

Parents' Work Phone Numbers: Mother: _____ Father: _____

Health: (please circle) Excellent Good Fair Poor

Explain any physical weaknesses/disabilities: _____

What is your major career objective? _____

What are your plans following graduation? _____

Are you currently employed? _____ No _____ Yes

Place of Employment: _____ Type of Business: _____

Job Title: _____ Supervisor: _____

Address: _____ Phone No.: (____) _____

Transportation: Do you have a driver's license? ___ Yes ___ No

Will you have access to a car to drive to work each day? ___ Yes ___ No

Are you career or college ready? _____ If career ready, what is your program?

_____ If you are not college or career ready, what plan do you have in place
to become college/career ready. _____

In what schools activities, if any, do you plan to participate in during your senior year?

After careful consideration, I have completed the above form. I will take advantage of every opportunity that will improve my skills and efficiency in both the classroom and world of work.

Student's Signature: _____ Date: _____

We, the parent' guardian and student, understand that this application is only meant to collect student data and desire to participate. *It is NOT a promise of employment or acceptance.*

Parent/Guardian's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Office Use Only:

Attendance (previous years):	Credits earned to date: _____
Days absent _____	Credits enrolled in Gr. 12: _____ (Guidance Counselor)
Times tardy _____	Accumulative GPA: _____ Date: _____
College Ready _____	Career Ready _____

Form # 4 (3 copies)

**Franklin-Simpson High School
Simpson County Career and Technical Education
Co-op Program
Teacher Recommendations**

Student's Name: _____ Subject: _____

Teacher's Name: _____ Department: _____

This student has applied for participation in the Co-op Program. Would you please help us in our selection process by providing the following information about this student? Please return this form to Mrs. Kilburn (do not return to the student).

All recommendations will be kept strictly confidential.

	Excellent	Good	Average	Fair	Needs Help
Motivation					
Attitude					
Self-Control					
Dependability					
Honesty					
Leadership					
Initiative					
Poise					
Grooming					
Knowledge of Subject					
Willingness to follow directions					
Willingness to learn					
Ability to accept criticism					
Maturity					
Attendance					

Other Comments: _____

Teacher Signature: _____ Date: _____

Form # 5

Franklin-Simpson High School
Simpson County Career and Technical Education

School-to-Work COOP Program
Student-Parent Consent Form

I understand that by enrolling in the FSHS School-to-Work COOP program that:

1. I am to receive on-the job training in an area in which I have an interest and ability.
2. I will follow all rules and policies of the company, especially those governing safety and dress.
3. To be released from school, I must work at least 10 hours during the week.
4. All paid and unpaid Co-Op positions must be approved by the supervising teacher and Co-Op Coordinator.
5. I understand that my acceptance into the Co-op program does not override or alter the school attendance policies.
6. I understand that all absences will be considered to be significant and will be noted. Excessive absences (10) are grounds for removal from the co-op program. Excessive excused absences will be handled on a case by case basis by the Co-op coordinator.
7. I understand that work attendance is directly connected to school attendance.
8. If I am unable to report for work (court date, counseling session, etc.), I will notify the employer and supervising teacher.
9. I understand that absence from work to attend school functions are not automatically excused absences and are the complete discretion of the employer.
10. I will maintain required GPA (un-weighted 2.0) in school and satisfactory reviews on the job.

11. I will keep my supervising teacher or co-op coordinator informed of any changes in schedule or problems that may arise on the job or in school.

12. It is my responsibility to ensure that I have adequate transportation to and from work.

13. I may be released from the program for violating any of these terms at any time.

14. I may be released from the program for any other transgression or impropriety deemed in direct violation of the Simpson County Schools Code of Conduct by the FSHS Principal.

Student Name (Print): _____

Student Signature: _____ Date: _____

COOP Supervisor: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Form # 6
Franklin-Simpson High School
Simpson County Career and Technical Education

School-To-Work COOP Program Permissions

Permission Form

Permission is hereby granted for _____ to travel
(Student Name)

to _____ for his Co-Op
COOP Site, Name of Business, etc.)

employment. In granting permission, I accept all moral, legal, and medical responsibilities associated with this CO-OP placement. Furthermore, I relieve Simpson County Schools, CO-OP Coordinator, and all SCS personnel as well as the above listed CO-OP site from any responsibility not associated with proper adult supervision.

Statement of Confidentiality

In signing my name below, I agree to guard and protect any/all "Trade Secrets" and not to use, permit others to use, or divulge those which I may obtain or observe as a result of my School-to-Work COOP experience, without having first secured written permission from the CO-OP Coordinator and the work site supervisor.

Parent/Guardian Signature

Student Signature

Date

Form #7

**Franklin-Simpson High School
Simpson County Career and Technical Education
Co-op Program
Acceptance Form**

Student Name _____

He/she has maintained at least a 2.0 cumulative grade point average in his/her subjects. The student also has a high school record of regular attendance (no more than 10 excused or unexcused) and is free of serious discipline problems. He/she has also completed the necessary application form. Therefore, we recommend this student for participation in the _____ High School Co-op Program for this year*.

Program Teacher Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Co-op Coordinator's Signature: _____ Date: _____

I agree to participate in the FSHS Co-op Program and abide by the policies established.

Student's Signature: _____ Date: _____

The above named student has my permission to participate in the FSHS Co-op Program.

Parent/Guardian's Signature: _____ Date: _____

*If accepted, the student must maintain acceptable academic, disciplinary, and attendance records both in school and at the training facility in order to be retained in the program.

The above named student is **not accepted** into the _____ High School Co-op Program because:

Form # 8
Franklin-Simpson High School
Simpson County Career and Technical Education
Cooperative Education Program

Training Plan

- | | |
|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Family & Consumer Science |
| <input type="checkbox"/> Business Education | <input type="checkbox"/> Health Science |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Marketing Ed | <input type="checkbox"/> Welding |

Student _____ Signature _____
Employer _____ Signature _____
Teacher Super _____ Signature _____
Cooperative Coordi _____ Signature _____

Employer Information

Company: _____
Address: _____
Contact Person: _____
Telephone: _____ Fax: _____
Workers' Compensation # : _____ Starting Wage: _____

Weekly Work Schedule **Mon.** **Tues.** **Wed.** **Thurs.** **Fri.** **Sat.** **Sun.**

FROM (Approximate times):

TO: (Approximate times):

This Training Plan is an informal contract between the training supervisor and the coordinator about the responsibilities for the student's training. The trainer assigns specific tasks and learning experiences and the coordinator schedules supportive in-school learning projects. This Training Plan should be reviewed and adjusted according to the student's progress.

Career Objective _____

Current Job _____

Description _____

Students should be aware of specific tasks for which they will be held accountable. Please list a few of those tasks as well as the goal, date of observation (can be ongoing or daily) and the level of competency expected (minimal supervision, under supervision, no supervision, etc.)

Task	Eval Goal	Observation Date	Competency Level

Form # 9
Franklin-Simpson High School
Simpson County Career and Technical Education

School-to-Career Program
Absenteeism, Transfers and Terminations

Absenteeism:

1. If the student cannot go to work, he/she is required to notify the employer immediately. The student and/or parent or guardian must also notify the supervising teacher as soon as possible.
2. Excessive absences from work may result in removal from the Work Experience portion of the program, thus forfeiting any credit.
3. If a student is too ill to attend school in the morning, the student is too ill to go to work.
4. Attendance at the School-to-Career Preparation class is of vital importance.
If you are absent from the related instructional class, it is your responsibility to see one of the teachers to arrange made-up work.

Transfers:

1. No student is to change jobs without first notifying the Co-Op Coordinator.
2. An appropriate reason(s) for the transfer may be:
 - (a) Layoff from job site for an extended duration (one month or more),
 - (b) Physical ailments, illnesses, or disability,
 - (c) Severe personality conflict with supervisor or fellow employee,
 - (d) Better job offer.
3. For the transfer to be completed, the student must:
 - (a) Notify the Co-Op Coordinator in advance,
 - (b) Give the employer at least two weeks' notice (student should follow company policy),
 - (c) Complete a new training agreement and working papers.
4. A new training station site should be secured before leaving one's present job.
5. Failure to notify the Co-Op Coordinator of termination from a job will result in the student's return to a full-day schedule.

Form # 10
Franklin-Simpson High School
Simpson County Career and Technical Education

Transition
Confidentiality Statement

I agree that I shall strictly maintain the confidentiality of all information and data disclosed in the performance of my daily work. Additionally, I accept the responsibility of security given to me when entrusted with a key to the premises or any other company materials.

Student Trainee: _____ Date: _____

Employer: _____ Date: _____

Cooperative Supervisor: _____ Date: _____

Form # 11
Franklin-Simpson High School
Simpson County Career and Technical Education

School-to-Career Program
Obligations

1. Students will notify the employer immediately if unable to report for work due to illness and/or emergency. The student's parent or guardian must also notify the coordinator as soon as possible.
2. If injured at work, the students will notify both the work supervisor and the school coordinator immediately.
3. If the job is terminated due to layoff or firing, the student will notify both the work supervisor and the school coordinator immediately.
4. Students who lose their job during the school year because of inefficiency, lack of interest, not abiding by the rules and regulations, etc., will not be able to re-enter the Co-Op program and will return to a full school schedule.
5. Students must observe all safety regulations at the training station at all times.
6. No student may terminate his or her work without the knowledge and consent of the school coordinator.
7. If school is delayed for any reason, the student will contact work supervisor at the training site, unless other arrangements have been made with the employer (*this is for students employed in the program who get released from class to go to the training site*).
8. The student is expected to follow the work site calendar. Traditional holidays are not automatic for students. The work site supervisor, the student, and the Co-Op coordinator make final determination of the student schedule.
9. Students must keep good attendance at both the work site and at school. If student absence is a problem, the student may be removed from the program.
10. All students will be required to keep a portfolio. The Co-Op teacher will assist with its contents.

I have read and thoroughly understand the statements of this paper:

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Form # 12
Franklin-Simpson High School
Simpson County Career and Technical Education

Probable Termination Factors

Any student employed through the Co-Op Program may be released from their job under the following conditions:

1. Anytime that an evaluation by the Co-Op Coordinator, Guidance Department. or Administration indicates that the student is not representative of the school's best interest, such as failure to follow the rules and regulations of the program.
2. Failure to stay in good academic standing.
3. Failure to notify the employer before absence from the job.
4. Failure to notify the Co-Op Coordinator of any changes, including layoffs and/or terminations, in the job situation.
5. Employer does not have adequate work to keep the student employed. (If this does occur, notify the Co-Op Coordinator at once for a conference with the employer.)
6. Anytime an evaluation is made and it is determined that the student is not receiving organized and progressive work experience.
7. Anytime that a student has been excessively absent from school unless additional days are certified by a physician.

The Co-Op Coordinator and Guidance Department, in conjunction with the Principal, has the authority to administer and amend the above causes of termination as individual cases warrant

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Form # 13
Franklin-Simpson High School
Simpson County Career and Technical Education

Monitoring / Observation Log
2020-2021

Program teacher will contact employer no less than 6 times a year.

Date	Time	Contact	Results/Comments
1.		Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
2.		Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
3.		Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
4.		Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
5.		Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Call	
6.		Call to Employer Personal Visit Message-Written -Machine Call from Employer Routine Visit / Call Special Visit / Cal	

Form # 14
Franklin-Simpson High School
Simpson County Career and Technical Education

Student Evaluation Form

Student's Name: _____ Evaluation Period: _____

Company Name: _____ Employer's Name: _____

Employer's Signature _____ Date: _____

Instructions: Please place a check mark in the appropriate box for each category that most accurately reflects your student-learner's performance in that area. Submit one evaluation after fall break, one after spring break and one during the graduation month of FSHS.

Area Evaluated	Exceptional	Very Good	Good	Fair	Poor
Quality of Work					
Quantity of Work					
Attention to Work Details					
Neatness of Work Area					
Initiative					
Dependability					
Interest and Attitude					
Relationships with co-workers					
Use of safety devices and guards					
Accepts Constructive Criticism					
Personal Appearance					
Attendance					

Please indicate any improvement needed in particular skills related to the student-learner's job.

List the dates the student-learner was absent (or late) from work during this grading period:

Absent: _____ Late: _____

Did the student-learner call to report his/her absences? Yes _____ No _____
 Were the reasons for the absence justifiable? Yes _____ No _____