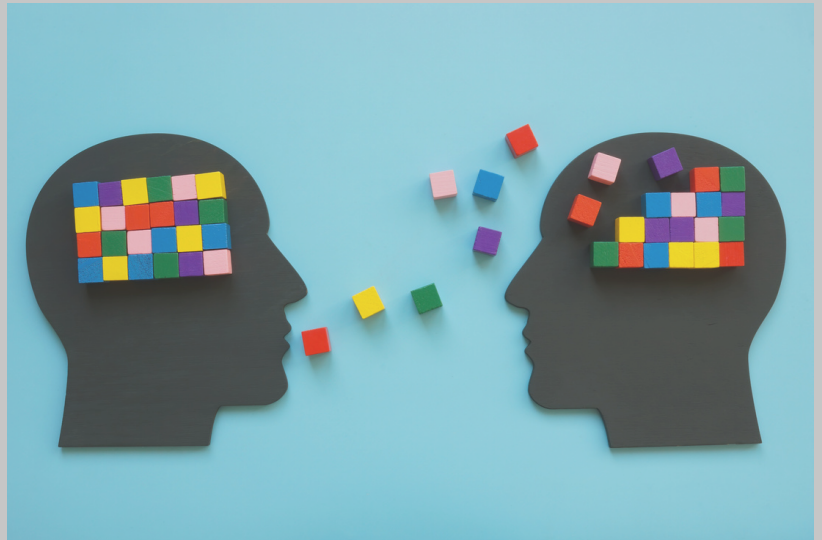




www.mtsac.edu/instruction/officeofinstruction/workexperience/

WORK EXPERIENCE

PAPERWORK GUIDE



General Information form

PAGE ONE OF TWO



Mt. San Antonio College – Work Experience (WE) Education

General Information

Work experience registration may not be completed, nor work begun, until this General Information form and the Learning Contract are completed and given to the professor. Students eligible for Work Experience must have completed a minimum of 1/3 of the total units required for the program or have completed a qualifying SAM Code "C" Course.

Student Contact Information (please print)

Name: Your Last and First Name Student I.D. No.: Your student ID #

Address: Your home mailing address

Phone: Your phone number Email: Your e-mail address

Term/Year: (Fall, Spring, Summer, Winter - And Year) Start Date: First date of term (check Academic Calendar) End Date: Last date of term (check Academic Calendar)

Student
Portion:
All
sections
must be
filled in

Student Academic Program Information

Major or Certificate Program: _____ Total Units Required for Program: _____

Units Completed OR Name of "C" level SAM Code Course Completed
in the Program: _____ and Term Completed OR Name of concurrently
enrolled "C" level SAM Code Course: _____

Leave Blank:
Faculty
or Career
Specialist
Portion

WE/Internship Site Information

WE/Internship Site Name: Name of the company or organization (Mt. SAC if on campus)

Site Address: Address of the company or organization (1100 N. Grand Avenue Walnut, California, 91789 - if on campus)

Supervisor Name & Title: First and Last name of your Site Supervisor - CANNOT be your Instructor/Professor -
(if on campus request name and contact info from your Instructor/Professor)

Supervisor Email: E-Mail address of the above individual Supervisor Phone: Phone number of the
above individual

Student Job Title: "Student Intern" if not known Non-paid or Paid: Is the role unpaid or paid?
If on campus, ask
Instructor/Professor

Total Hours Scheduled During Term: _____ Please reference the work experience hour requirements per credit unit at the bottom of this page.
See below - insert minimum hours for your credit units

General working environment (check all that apply): ☐ On-site ☐ Virtual ☐ In-field
Request from Supervisor if not known

Will your professor need security clearance to visit the work site? If yes, please explain.

Course Title: See Instructor Approval List

Course Professor: See Instructor Approval List

CRN: Check course schedule
or request from Instructor

Units (check one): ☐ 1 unit ☐ 2 units ☐ 3 units ☐ 4 units
Check course schedule
or request from Instructor

54-107 hours 108-161 hours 162-215 hours 216 - 269 hours
Enter same unit requirement for Mid-Term Assessment & Student Work and Hours Report-Final Evaluation

Student
Portion:

All
sections
must be
filled in

General Information form

PAGE TWO OF TWO



Enter Same units for Mid-Term Assessment & Student Work
and Hours Report-Final Evaluation

Mt. San Antonio College – Work Experience Education Continued

Please List Course Course Measurable Objectives:

<https://webcms10.mtsac.edu/WebCMSMTSAC/PublicAccess.aspx>

(to be completed by professor)

Leave
Blank:
Faculty or
Career
Specialist
Fills out
this entire
page

Faculty:

Arts Division
Career Specialist
info:

Name:

Lisa Winston

E-Mail Address:

LWinston3

@mtsac.edu

Phone Number:

(909) 274-4084

Career Specialist Name

Email:

Phone:

Learning Contract

PAGE ONE OF TWO



Term: _____ Year: _____
 Student Name: _____
 Student I.D. #: _____

Name of Site: *Name of the company or organization (Mt. SAC if on campus)*

**Mt. San Antonio College Work Experience/Internship Education
Learning Contract and Site Agreement**

The purpose of the agreement is to assure that there is mutual understanding of the goals and objectives of the work experience/internship education program as an organized plan whereby the student will be afforded practical on-the-job experiences correlated with their college instruction.

The College agrees to provide worker's compensation coverage for students enrolled in work experience/ internship education who are not being paid a wage or salary by the site. Coverage extends to hours worked at the site only and does not cover off-site travel.

The Professor agrees that the learning objectives listed below are appropriate for the student and are of sufficient challenge for a college level course. The professor is obligated to coordinate the student's college instruction with their on-the-job training and to assist the site in evaluation of the student's achievement and progress. The professor will award appropriate college credit for successful performance of work experience/internship.

The Student agrees that the learning objectives listed below are the basis for the work their work experience/internship assignment and will pursue their accomplishment while at the site.

The Student agrees to comply with all regulations pertaining to conditions of employment as are applicable to other employees, keep regular attendance, continue to make normal progress in their education program, cooperate with all parties, and abide by all implied and stated terms of this agreement.

The **WE/Internship Site** agrees that the learning objectives listed below are appropriate for the student, and that the site will, to the best of their ability, provide the student with the time, training, resources and facilities necessary to accomplish the objectives.

The **WE/Internship Site** agrees to provide adequate supervision, to provide new and varied job experiences which, when coordinated with related course work, will help the student gain valuable job knowledge, attitudes, and skills toward the planned objectives of the program, to provide on-going feedback to the student, to meet with the instructor at least once during the term, to participate in the evaluation of the student's progress, and to verify the total number of hours worked. Pay and work schedule are to be determined by the site who is in no way obligated to give the student preferential treatment because of this agreement.

The **WE/Internship Site** agrees to provide worker's compensation coverage for students enrolled in work experience/internship education who are being paid a wage or salary by the site.

The WE/Internship Site agrees to promote equal opportunity employment. Total commitment on the part of the site toward equal opportunity employment will apply to all people without regard to race, color, religion, sex, national origin, marital status, medical condition (cancer related), disability, age, sexual orientation, or Vietnam era veteran status.

Nondiscrimination Notice:

Mt. San Antonio College does not discriminate on the basis of race, color, national origin, sex, disability, age, ethnic group identification, immigration status, religion, gender, gender identification, gender expression, military and veteran status, marital status, medical condition, ancestry, sexual orientation, or any other characteristic protected under applicable federal or state law in its programs or activities. Inquiries about Title IX, Title II, or Section 504 may be referred to Ryan Wilson, Building 4 (Human Resources), (909) 274-5249, and eeo.titleix@mtsac.edu, or the U.S. Department of Education's Office of Civil Rights.

Supervisor/Mentor Initials:

Student Portion: All sections must be filled in

Supervisor
must
initial here

Learning Contract

PAGE TWO OF TWO



Term: (Fall, Spring, Summer, Winter - And Year) Year:

Student
Portion: All
sections
must be
filled in

The student plans to accomplish the following objectives (at least 1 objective per unit) through learning experiences. The learning objective must be measurable.

(to be completed by professor in consultation with the student)

***Please enter Objectives on Final Evaluation Student Work and Hours Report**

Objective 1*:

What will be learned?

(Indicate the criteria for success)

See Page 12 - Basically, what do you want to learn in this experience?

Must include 1 Learning Objective for each credit unit you're earning (ex: 1 credit unit course, 1 Learning objective, etc.)

Objective 2*:

What will be learned?

(Indicate the criteria for success)

Objective 3*:

What will be learned?

(Indicate the criteria for success)

Objective 4*:

What will be learned?

(Indicate the criteria for success)

Student
Portion:
Must
complete
one
objective
per number
of units to
your course,
utilize guide
at the end
of this
booklet

Student
must write
name and
sign

The agreement has been reviewed and approved by the undersigned:

Student Name (Printed)

Professor Name (Printed)

Student Signature

Date

Professor Signature

Date

Faculty
signature

WE/Internship Supervisor/Mentor Name

WE/Internship Supervisor/Mentor Signature

Date

Internship
Supervisor
Portion

Site Name

Program Waiver

PAGE ONE OF ONE



Student Name: Student ID#:
 Term: Year:

Work Experience Program Waiver, Release, and Indemnity Agreement

Section A Complete for Work/Internship at a Paid Site or on Mt. SAC Campus Only

I certify that (Check one only):

- ☐ The employer provides worker's compensation benefits to paid employees *Check here if you are being paid by an OUTSIDE Mt. SAC employer*
- ☐ I am an independent contractor or self-employed and understand that I am responsible for insurance coverage
- ☐ Work Experience is on Mt. San Antonio Campus *Check here if your work site is Mt. SAC*

Section B Complete for Non-paid Site Only

- ☐ I certify that Work Experience is unpaid off campus *Check here if your Work Experience is OFF campus (not through Mt. SAC) and you are NOT being Paid - Insert company name below*

For and in consideration of permitting the undersigned Mt. San Antonio College (District) student to enroll in and participate in the district's non-paid work experience program given by

The undersigned student or parent/guardian does hereby voluntarily release, discharge, waive and relinquish any and all rights to actions or causes of action against "The Company/Site" and District, its officers, agents, employees, and volunteers for bodily injury, personal injury, property damage, or wrongful death as a result of the his/her participation whether incidental or not, to the district's non-paid work experience program.

The undersigned student or parent/guardian further agrees to defend, indemnify, and hold harmless "The Company/Site" and District, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim of liability for bodily injury, personal injury, property damage, or wrongful death, sustained or claimed to have been sustained, arising from activities of "The Company/Site" and District or those of any of its officers, agents, employees and volunteers, whether such act is authorized by this agreement or not.

The provisions of this agreement apply to any damage or loss cause by the negligence of "The Company/Site" and District, or any of its officers, agents, employees or volunteers. It is the intention of the undersigned student or parent/guardian by this agreement, to exempt and release "The Company/Site" and District and its officers, agents, employees and volunteers for any and all liability caused by negligence.

All students participating in the work experience/internship program will be covered by the district's workers' compensation program for any injuries they may sustain while in the course and scope of their work experience/internship as an unpaid intern/volunteer student while on premises at "The Company/Site".

The undersigned student or parent/guardian acknowledges that he/she has read the foregoing four paragraphs, has been fully advised of, and has a complete understanding of the legal consequences of signing this agreement.

Section C Acknowledgement

By signing below I acknowledge that the above statements are factual.

Student Name: Parent/Guardian Name:

Student Signature: Date:

Parent/Guardian Signature: Date:
Parent Signature is Required if Student is Under 18 Years Old

Rev 3-23-23

Student Portion: Must complete entire section

Student Portion: must check one box of these four boxes as it applies to their Work Experience Site

If box #4 is selected, student must fill out this portion

All students must complete this section (Name, Signature, Date)

Students who are under the age of 18 years old must print their Parent/Guardian's name and Parent/Guardian must provide a signature

Mid-Term Assessment
PAGE ONE OF TWO

Mt. San Antonio College Work Experience Education

Midterm Assessment (To be Completed by Professor)

Student ID#: A _____ Your student ID #

Student Name: _____ Last name First name
Date of Evaluation: _____ Date you met with Instructor

WE/Internship Site Name: _____ Name of the company or organization (Mt. SAC if on campus)

WE/Internship Site Supervisor: _____ First and Last name of your Site Supervisor

WE/Internship Course Title: _____ See Instructor Approval List

WE/Internship Course Professor: _____ See Instructor Approval List

CRN: _____ Check course schedule or request from Instructor

Units:(Check One)

☒ 1 UNIT	☐ 2 UNITS	☐ 3 UNITS	☐ 4 UNITS
54-107 hours	108-161 hours	162-215 hours	216-269 hours

Unit selected needs to match General Information Form

Record of Visit/Consultation with WE/Internship Site Supervisor

In-person visit required if site is less than 15 miles from Mt. SAC and has not been visited within 18 months

Method (check one):

☐ In-person site visit

OR Alternate to in-person site visit conducted via: (if greater than 15 miles)

☐ Phone

☐ Email

☐ Video conference

Date of last Site Visit/Evaluation:

General working environment (check all that apply): ☐ On-site ☐ Virtual ☐ In-field

Safety conditions: ☐ No concerns ☐ Concerns addressed: _____

Supervision (check all that apply): ☐ In-person ☐ Virtual

WE/Internship supervisor's opinion of student's progress:

Student
Completes
top
Portion
with
internship
info

Faculty
completes
this
portion of
the

paperwork
through
discussion
with site
supervisor

Mid-Term Assessment

PAGE TWO OF TWO

Faculty Consultation with Student

Date of mid-review consultation:

Method (check one): ☐ In-person meeting

☐ Video con...

Discussion with student regarding progress, hours completed, strengths and areas for improvement:

Faculty completes this portion of the paperwork through discussion with student,

All sections must be completed by faculty member before submit to CS

Professor Signature: _____

Date: _____

Total number of hours needed for term: _____

For your reference:

1 unit	2 units	3 units	4 units
54-107 hours	108-161 hours	162-215 hours	216-269 hours

Total number of hours completed at Mid-Term Assessment: _____

final Evaluations

PAGE ONE OF TWO



MT. SAN ANTONIO COLLEGE
WORK EXPERIENCE (WE) EDUCATION
(Final Evaluation)
Student Work and Hours Report

Student Name: Your Last and First Name Date: Date you met with Instructor

WE/Internship Site Name: Name of the company or organization (Mt. SAC if on campus)

Supervisor Name: First and Last name of your Site Supervisor

Work Site Supervisor: Thank you for your participation. Please complete both sides of this form, including the total number of hours that the student worked, and sign this form on the other side.

When answering the questions below, please refer to the objectives in the **Learning Contract**:

Objective 1:

(from Learning Contract)

What was learned based on criteria established?

*Copy and paste your Learning Objective(s)
from the Learning Contract (page 5)*

Objective 2:

(from Learning Contract)

What was learned based on criteria established?

Objective 3:

(from Learning Contract)

What was learned based on criteria established?

Objective 4:

(from Learning Contract)

What was learned based on criteria established?

Continued on back

Student completes this portion of the paperwork

Repeat objectives from Learning Contract

Page 2 of 2

Must complete top portion and repeat list of all objectives

final Evaluations

PAGE TWO OF TWO



MT. SAN ANTONIO COLLEGE WORK EXPERIENCE EDUCATION (Final Evaluation)

(To be Completed by Site Supervisor)

Please rate each learning objective in terms of achievement by checking the appropriate number.

	Excellent	Good	Satisfactory	Not Met	Non-Applicable
Accomplishment of Objective #1	5	4	3	2	1
Accomplishment of Objective #2	5	4	3	2	1
Accomplishment of Objective #3	5	4	3	2	1
Accomplishment of Objective #4	5	4	3	2	1

Comments: _____

Your objective evaluation enables us to provide additional guidance for the student.
Please rate each competency below with a checkmark.

	Excellent	Meets Expectation	Needs Improvement	Not Applicable
1. Demonstrates habits of punctuality and attendance	☐	☐	☐	☐
2. Consistently meets deadlines	☐	☐	☐	☐
3. Learns from & works collaboratively with diverse cultures, races, ages, genders, religions, lifestyles and viewpoints	☐	☐	☐	☐
4. Exhibits initiative, alertness, and enthusiasm	☐	☐	☐	☐
5. Articulates thoughts/ideas clearly & effectively	☐	☐	☐	☐
6. Exhibits professional verbal & written communication skills	☐	☐	☐	☐
7. Dependability with minimal supervision	☐	☐	☐	☐
8. Maintains personal hygiene and dress appropriately for work performed	☐	☐	☐	☐
9. Demonstrates integrity & ethical behavior	☐	☐	☐	☐
10. Exercises sound reasoning & analytical thinking	☐	☐	☐	☐

Comments: _____

Please comment if rating given is needs improvement _____

☐ Check if you would like student to return for an additional semester

Total hours student worked for entire assignment: _____

1 unit	2 units	3 units	4 units
54-107 hours	1108-161 hours	162-215 hours	216-269 hours

WE/Internship Supervisor's Signature _____

Date _____

Internship supervisor completes this entire document

All sections must be completed

All sections must be completed

All sections must be completed

Monthly timesheets

ONE PER EACH MONTH OF WORK

MONTHLY WORK EXPERIENCE (WE)/INTERNSHIP TIME SHEET VERIFICATION

Please note: Hours must be reported in quarter increments. Example: 3.25, 4.5, 5.75 or a whole number

Student Name: Your Last and First Name ID# Your student ID #
 WE/Internship Site Name: Name of the company or organization (Mt. SAC if on campus)
 Student Job Title: "Student Intern" if not known
 Name of Supervisor: First and Last name of your Site Supervisor Job Title: Your Supervisor's Job Title (Request from them if unknown)
 Supervisor Phone #: Contact information of your Site Supervisor Supervisor Email: Contact information of your Site Supervisor
 Month: _____ Year: _____

Student completes top portion, all sections must be completed

Date	# of Hours Worked	Activities	Supervisor Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
0		Total Hours worked for the Month	

Students must provide a concise, detailed description of **varying** duties per shift

Student must provide # of hours worked on each date of the month

Hours must be reported in quarter increments (i.e. .25 hours, 4.5, 6.75, 9 hours)

Student must provide accurate total of hours per month

Supervisor initials, **EACH line** with work hours must be initialed!

By signing below, the Supervisor verifies and attests that the student worked the hours stated above.

Student Signature: _____ Date: _____
 WE/Internship Supervisor Signature: _____ Date: _____

For your Reference

1-unit: 54-107 hours
 2-units: 108-161 hours
 3-units: 162-215 hours

Supervisor signature and date required

Student signature and date required

Writing Learning Objectives:

A GUIDE

TO ASSIST YOU WITH LEARNING CONTRACT PAGE 2



WORK-EXPERIENCE LEARNING OBJECTIVES

Please use these examples as a guide each time you advise your students on writing their learning objectives, and before you approve them on the Learning Contract (blue form.)

A learning objective is a statement about what the student wants to improve, change, or learn that is stated in terms of measureable results and focused on the student's program of study. Learning objectives are intended to direct the activities of the student during their work experience. Each objective should include **1)** What the student plans to accomplish, **2)** How the student plans to accomplish it, and **3)** The method of evaluation to be used to measure the accomplishment (How will you know if the student was successful?).

EXAMPLES OF WELL-WRITTEN OBJECTIVES:

Create photographic evidence from a fire scene acceptable for use in a court case, using photographic techniques and investigation procedures learned during the internship. Photographs will be examined by a lead investigator using a preestablished rubric who will determine whether they are acceptable for use in court. (What, how, and method of evaluation are all accounted for.)

Demonstrate proficiency in installing duct sensors for air conditioning controls by successfully performing installations on a minimum of three systems. Work supervisor will examine and rate quality of work using a preestablished rubric. (Objective is specific, related to vocational program, and includes what, how, and method of evaluation.)

Successfully sod an average sized yard demonstrating proper ground preparation, sod selection, installation, and water scheduling to ensure an acceptable outcome. Work supervisor will evaluate each step using a rubric and preestablished point system. Another measure of success could read, "One month after the project is finished, the landowner will sign a confirmation that the grass appears green and healthy."

EXAMPLES OF POORLY WRITTEN OBJECTIVES:

Network to expand future opportunities. (No work-related skill being learned.)

Work in the production department. (What is the specific objective? What is to be accomplished? How (by what means) does the student intend to accomplish it? How will it be measured?)

Learn to work well under pressure. (Not specific. Vocational skill or knowledge involved? How to accomplish this? How to measure success?)

How to be a good host. (How will they learn to be a good host? How will that be measured?)

Get my foot in the door. (This doesn't represent new learning – this is an end result.)

Programming. (What specifically is to be accomplished? What is the student going to do in order to accomplish it? How will success be measured?)