



**Mt. San Antonio College – Work Experience Education**

**Phase II - Work Experience (WE) Forms Check-List  
Due at the End of the Semester**

<http://www.mtsac.edu/instruction/officeofinstruction/workexperience/>

**Please note:** Forms must be filled out correctly or they will be considered incomplete and will be returned to Work Experience Specialist

**MID-TERM ASSESMENT (2-pages)**

MID-TERM ASSESMENT 100% COMPLETE:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <u>Initial Info:</u>      | <input type="checkbox"/> <u>Record of Site Visit:</u>                     | <input type="checkbox"/> <u>Consultation w/Student:</u>                    |
| <input type="checkbox"/> Student Name & ID #       | <input type="checkbox"/> Method Used for Visit                            | <input type="checkbox"/> Notes   |
| <input type="checkbox"/> Company Name              | <input type="checkbox"/> Notes  | <input type="checkbox"/> Professor's Signature & Date                      |
| <input type="checkbox"/> Work Site Supervisor Name | <input type="checkbox"/> Work Site Supervisor opinion on student progress | <input type="checkbox"/> Total # of Hours needed for Semester              |
| <input type="checkbox"/> WE Course Title           | <input type="checkbox"/> Faculty Assessment                               | <input type="checkbox"/> Total # of Hours completed at Mid-Term Assessment |
| <input type="checkbox"/> WE Professor              | <input type="checkbox"/> Faculty Suggestions                              |  |
| <input type="checkbox"/> CRN                       |   |  |
| <input type="checkbox"/> Units                     |   |  |

**STUDENT WORK AND HOURS REPORT- FINAL EVALUATION (2-pages)**

STUDENT WORK AND HOURS REPORT – FINAL EVALUATION 100% COMPLETE:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <u>Initial Info:</u>      | <input type="checkbox"/> <u>Objectives:</u>                             | <input type="checkbox"/> <u>Final Evaluation w/Signatures:</u>   |
| <input type="checkbox"/> Student Name              | <input type="checkbox"/> Copied from Learning Contract                  | <input type="checkbox"/> Evaluation & Comments                   |
| <input type="checkbox"/> Company Name              | <input type="checkbox"/> What was learned based on criteria established | <input type="checkbox"/> Total number of Hours Worked            |
| <input type="checkbox"/> Work Site Supervisor Name |   | <input type="checkbox"/> Work Site Supervisor's Signature & Date |

**STUDENT MONTHLY WORK EXPERIENCE TIME SHEET**

MONTHLY WORK EXPERIENCE TIME SHEET 100% COMPLETE

- |   |  |
|---|--|
| <input type="checkbox"/> Student Name & ID  | <input type="checkbox"/> Supervisor's Initials             |
| <input type="checkbox"/> Total Hours Worked | <input type="checkbox"/> Signature and Dates at the Bottom |

**PAYROLL REPORT**

PAYROLL REPORT 100% COMPLETE

- |  |   |
|--|---|
| <input type="checkbox"/> Professor Name, Semester, Course, Ref #         | <input type="checkbox"/> Professor Signature  |
| <input type="checkbox"/> Students Name, ID #, # of Units, Semester grade | <input type="checkbox"/> Dept Chair Signature |

**TURN IN FORMS TO WORK EXPERIENCE SPECIALIST FOR REVIEW**

WORK EXPERIENCE SPECIALIST MUST REVIEW FORMS TO ENSURE THEY ARE COMPLETE:

Work Experience Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TURN IN FORMS TO INSTRUCTION ONCE COMPLETED**

TURN IN COMPLETED FORMS TO INSTRUCTION OFFICE