

LAWRENCE COUNTY CAREER & TECHNICAL CENTER COOPERATIVE EDUCATION PROGRAM Application



Cooperative Education provides the bridge from school to work.

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Cooperative Education Criteria Enrollment

for

- ✓ The student must be in the 12th grade upon enrollment into the Co-op program.
- ✓ A student must at least 16 years of age.
- ✓ A student under 18 years of age must have a work permit.
- ✓ The student must have been enrolled in their LCCTC shop program at least one year to qualify for the Co-op Program.
- ✓ The student must have the recommendation of his/her Shop instructor.
- ✓ The student must have a good attendance record, adequate academic credits and the recommendation his/her guidance counselor.
- ✓ The student must have parent/guardian sign the Co-op Application and all other required Co-op documents.
- ✓ The student must be interviewed by Co-op Coordinator and the Employer.
- ✓ A Training Agreement and Training Plan must be completed and signed by Employer/Principal/Parent/Student and the Co-op Coordinator before a student can begin work.

"Lawrence County CTC and Employers of Cooperative Education Students will not discriminate in employment, educational programs or activities, on the basis of race, color, national origin, sex, disability or age."

LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

Cooperative Education Application

Student Name: _____ Shop: _____

Home Address: _____

Date of Birth: _____ Age: _____ Student Phone #: _____

What is your major career objective? _____

What are your plans following graduation? _____

Do you have a work permit? No Yes Permit No. _____ Permit Date ____/____/____

Are you currently employed? No Yes *(If yes, please complete below.)*

- Place of Employment: _____ Type of Business: _____
- Job Title: _____ Supervisor: _____
- Address: _____ Phone #: (____) _____
- Current wage: _____

If currently **unemployed**, in what type of business would you prefer to work? _____

If currently **employed** and interested in changing jobs, in what type of business would you prefer to work?

Do you have a driver's license? Yes No Will you have transportation for work? Yes No

*I understand that this application is only meant to collect student data. It is **not** a promise of
op employment!*

Co-

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

LAWRENCE COUNTY CAREER AND TECHNICAL CENTER



Cooperative Education Shop Teacher Recommendation

Student's Name: _____

Shop: _____

This student has applied for participation in the Co-op Program. Please help in the selection process by providing the following information? Please return this form to Ms.Tuminella in the Co-op Office. Thank you.

All recommendations will be kept confidential. Please mark with a



	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					

Does this student have any special talents? _____

What do you feel are the student's strong points? _____

What do you feel are the student's weak points? _____

What is the students shop grade as of today's date? _____

Other Comments: _____

Signature: _____ Date: _____

LAWRENCE COUNTY CAREER AND TECHNICAL CENTER
Cooperative Education Student-Parent Code of Ethics



The Cooperative Education Program has been discussed with me by the Coordinator, and I understand that through enrollment in this program:

1. I am to receive training on the job in an area in which I have an interest and ability.
2. If I am under 18 years old, I will secure my working papers from my home school.
3. To be released from school, I must work at least 30 hours per week if full-time Co-op or 15 hours if part-time (taking academic subjects for credit).
4. I must be present and on time each day --- both in school and on the job. If absence is a problem, the student may be removed from the program.
5. I will notify my employer and Lawrence County Career and Technical Center as far in advance as possible if I am unable to report to work.
6. I will keep my coordinator informed of any changes in my schedule or any problems that may confront me on the job or in school. (Examples: Termination, Layoff, Sickness, Field Trips, etc.)
7. I will maintain satisfactory grades both on the job and at school.
8. I will, at all times, conform to all rules and regulations of the Lawrence County Career and Technical Center, *and* my employer, especially those governing safety and dress.
9. I will provide my own transportation to and from the job and obtain adequate insurance coverage.
10. I will be returned to school and/or shop and not eligible for co-op for the remainder of the year if I am discharged for such causes as theft, or any other infraction of employment regulations.
11. I will not be eligible for co-op for the remainder of the year if I terminate my employment **without consent of the Co-op Coordinator** and I will receive a failing grade for Co-op.

I have read and fully understand the requirements for participation in the Co-op Program.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Cooperative Education Probable Termination Factors



Any student employed under the Cooperative Education Program maybe released from his/her training site under the following circumstances.

1. Any time that an evaluation by the Coordinator, Guidance Department, and/or Administration indicates that the student is not following the rules and regulations of the program.
2. Failure to keep in good academic standing.
3. Failure to notify employer before absence from the job.
4. Failure to turn in required reports, on time, to the Coordinator, Administrators, or Instructors.
5. Employer does not have adequate work to keep the student employed. If this does occur, notify the Coordinator at once for a conference with the employer to determine if there are other reasons not so stated to evaluate job termination.
6. Anytime an evaluation is made, and it is determined that the student is not receiving organized and progress training experience.
7. Anytime that a student has been excessively absent from school and/or work as stated in the student handbook, unless these days are certified by a physician.
8. Failure to notify the Co-op Coordinator of any changes including layoffs and/or terminations in the job situation.
9. The Coordinator and the Guidance Department in conjunction with the Director have the authority to administer and amend the above causes of termination as individual cases warrant.

In signing this sheet, a student enrolled in the Co-op Program acknowledges that he/she has received a copy of these statements and understands them completely.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

Cooperative Education Rules and Regulations Check-off



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|--|-------|-------|-------|
| 1. Students and employers will adhere to all of the rules and expectations in the "Training Agreement." | _____ | _____ | _____ |
| 2. Students will report to work on the days and times indicated by their employers. In the event of an illness or an emergency which prevents attendance at the job site or LCCTC as scheduled, the students must immediately notify the Employer and Cooperative Education Coordinator prior to the absence. This should be done first thing in the morning. | _____ | _____ | _____ |
| 3. Student will attend their scheduled academic classes every day unless excused. Students cannot report to work if they are absent from school and vice versa. | _____ | _____ | _____ |
| 4. All Lawrence County CTC Students must report to the school to take the state-required NOCTI Test. It is the student's responsibility to inform the employers of these dates as soon as testing dates are designated. | _____ | _____ | _____ |
| 5. Students complete monthly time sheet which will provide proof of actual hours worked in the form of verifiable documentation. The training supervisor must sign off on the time sheets to make them official. | _____ | _____ | _____ |
| 6. Cooperative Education students must work at least 15 hours per week part-time Co-op or 30 hours full-time. | _____ | _____ | _____ |
| 7. I have read and understand the "Student-Parent Code of Ethics" and "Probable Causes of Termination." | _____ | _____ | _____ |
| 8. I understand that Co-op students must maintain at least an <i>average</i> grade on the Employer Evaluation <i>and</i> that a student can be terminated at the Employer's, Co-op Coordinator, or Principals discretion. | _____ | _____ | _____ |
| 9. Students must maintain a "C" average or better at the Lawrence County CTC and be on track to graduate. | _____ | _____ | _____ |
| 10. Students must notify the Co-op Coordinator prior to quitting a job, or if their job is terminated. | _____ | _____ | _____ |
| 11. Students are responsible for their own transportation to and from work. | _____ | _____ | _____ |
| 12. Students will attend the LCCTC on their designated Co-op Class days scheduled twice a month. These days need to be "worked into" the students work schedule. | _____ | _____ | _____ |
| 13. Students will follow all of the rules and policies of the company, especially those governing safety and dress. | _____ | _____ | _____ |

✓ *I have read these rules and regulations for the Cooperative Education program and agree to comply with them. I understand that failure to do so may result in removal from the program.*

Student's Signature: _____ Date: _____

✓ *I have read these rules and regulations for the Cooperative Education program and will support my son/daughter in complying with them.*

Parent/Guardian's Signature: _____ Date: _____

✓ *I have read these rules and regulations for the Cooperative Education program and will support my student employee in complying with them.*

Employer's Signature: _____ Date: _____

LAWRENCE COUNTY CAREER AND TECHNICAL CENTER
Cooperative Education Application Checklist



Student Name: _____ **Shop:** _____

You will need the following papers for the Co-op Program. They need to be *completed* and *returned* to Ms. Tuminella in the Co-op Office *before* you will be considered for enrollment into the program. It is also imperative if you are under 18 that you have a work permit. You may obtain a Work Permit from your home-school.

List of required forms and other verifications:

___ Completed and Signed Co-op Application including:

- *Completed* Cooperative Education Shop Teacher Recommendation
- *Signed* Cooperative Education Student-Parent Code of Ethics
- *Signed* Cooperative Education Probable Termination Factors
- *Signed & Initialed by Student & Parent* Cooperative Education Rules and Regulations Check-off

___ Copy of Work Permit (if under 18 years of age)

___ Copy of Health Insurance Card

___ Copy of Driver's License

Please sign below if you want to participate in the Co-op Program.

Student's Signature: _____ Date: _____