

Hamilton County Senior High _____

Cooperative Education Program

Test Drive Your Future

Please return your completed application to the
Guidance Office.

Student Name: _____

Submission Date: _____

Applications due no later than April 15

Hamilton County Senior High School

Cooperative Education Program Application

Please print neatly in blue or black ink.

Please complete ALL sections of this application. If part of it does not apply to you, write N/A.

Student's Name: _____
Last First Middle Initial

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

Student Cell Phone: _____ Student Email: _____

Parent(s)/Guardian(s)

Parent/Guardian 1

Name: _____
Last First Middle Initial

Home Address: _____
Street City State/ZIP

Occupation: _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2

Name: _____
Last First Middle Initial

Home Address: _____
Street City State/ZIP

Occupation: _____ Work Phone _____ Cell Phone _____

Emergent Contact *(If different from above)*

Name: _____
Last First Relationship to Student

Home Phone: _____ Work Phone _____ Cell Phone _____

What is your career interest area?

Please state in 75-100 words or less why you wish to participate in this program.

Work Experience

Are you currently Employed? (Circle) Yes No If "yes" is this position in your area of career interest? Yes No

Have you ever been fired or asked to resign from a job? Yes No

If "yes," please explain:

Please list all past work experience (formal and informal) below beginning with your current or most recent position.

Date of Employment (MM/YY - MM/YY)	Position Title	Place of Employment	Name of Supervisor

What do you do in your spare time?

Is there a particular business in your career interest area where you would like to gain part-time employment? Yes No

If "yes," please list the business name: _____

References

Please list two teachers who will recommend you for the Cooperative Education Program
Please make sure you have their permission to use their name as a reference!

Teachers Name	Subject(s) taught

Student Agreement

If your application is approved and you are accepted into the Cooperative Education Program:

Will you agree to attend both school and work regularly? Yes No

Will you agree to abide by the rules and regulations of the Cooperative Education Program? Yes No

Will you agree to complete the training program that will be determined by the Cooperative Education Program and your Employer? Yes No

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Please return your completed application by April 15 to the Guidance Office.

Hamilton County Senior High

Cooperative Education Program

Guidelines

The Cooperative Education class provides learning experiences in the workplace. For these experiences to be beneficial, all parties must undertake certain responsibilities. *The Hamilton County Senior High Cooperative Education Program will not discriminate based on race, color, sex, national origin, religion, or handicap.*

Responsibilities of the Student:

(Refer to Student Agreement Form)

Responsibilities of the Parent/Guardian:

1. The parent or guardian will encourage the student to carry out training duties and responsibilities to the best of their abilities
2. The parent or guardian will share the responsibility for the conduct of the student while training in the program.
3. The parent or guardian will be responsible for the safety and conduct of the student while traveling to and from the school, the training station, and home.

Responsibilities of the Coordinator:

1. The coordinator will supervise the on-the-job program.
2. The coordinator will visit each training station as appropriate.
3. The coordinator will address any issue with all parties concerned and shall have the authority to transfer or remove a student from a training station if needed.
4. The coordinator, after consulting with the training sponsor, will evaluate the student and assign a grade.

Responsibilities for the Training Sponsor:

1. The employment must be for the entire school year and must include the Monday through Friday school hours the student is assigned cooperative education (minimum 12 hours per week). The student may work more hours during the week, but excessive or late hours (after 10pm) should be avoided.
2. The training sponsor will adhere to all Federal and State regulations regarding employment, child labor laws, minimum wages, insurance, and other applicable regulations.
3. The training sponsor agrees to instruct the student in safety procedures and safe work practices in on-the-job training.
4. The employer agrees to provide the student and coordinator with proof of pay and hours worked. This may be in the form of a pay stub or a written notice.
5. The training sponsor will consult the coordinator about difficulties arising at the training station.

6. The training sponsor will provide experiences and training that contribute to the attainment of the student's career skills. The student should be learning new skills and assuming new responsibilities are appropriate.
7. The training sponsor will assist in evaluating the student and assist the student in setting goals.
8. The training sponsor will provide time for consultation with the coordinator concerning the student and will agree to complete necessary paperwork including training objectives, evaluations, and the recording of absences and/or tardies.
9. Sections 220 and 227 of the Illinois Unemployment Insurance Act, as amended in 1977, excludes from coverage (unemployment compensation) services performed by an individual enrolled at a non-profit or public institution who undertakes work experience as an integral part of the academic instruction, with instruction for the same, during hours specified in the training plan.
10. It shall be agreed that parties participating in this program will not discriminate in employment opportunities on the basis of race, color, sex, national origin, or handicap.

Signatures:

*The statements and information furnished by us in this application are true and complete
We give permission for the student named in this application to participate in cooperative education.
We give permission for representatives of the school to release academic and technical records including Competency Attainment Lists, and grades, past and present, as well as any other pertinent information that may be required by potential cooperating employers for the purpose of evaluation.
We understand that if at any time, in the opinion of the cooperative education coordinator; the student is not meeting the requirements of this program with regards to grades, attendance, attitude and/or performance his/her placement will be terminated.*

Student Signature

Date

Parent/Guardian Signature

Date

Hamilton County Senior High

Cooperative Education Program

Student Agreement Form

The Cooperative Education Program is planned to develop a student academically, economically, & socially. To meet these goals, the student must be willing to strive & work toward fulfilling certain relevant responsibilities.

As a condition of admittance to the Hamilton County High School Cooperative Education program, I agree:

1. to realize I am under the jurisdiction of the school throughout the school day. The Coordinator has the same authority over me on the job as in the classroom at school.

2. to perform all of my duties in a commendable manner and to complete study assignments thoroughly and on time.

3. I will follow the dress code set forth by the employer at any time while on the job site.

4. to carry out my training in such a manner that I will reflect positive credit upon myself and the Cooperative Education Program.

5. to participate in class and to complete the required classroom-related work. I understand that repeated lack of participation in class or failure to do the required work is considered as grounds for removal from the program and loss of credit.

6. to be in regular attendance at school & on the job, including days when school is not in session when my employer expects me. If I have eight or more excused/unexcused absences per semester I may be removed from the class without credit.

7. to be on time to school and to the job. This includes days on the job when school may not be in session due to a teacher's meeting, Christmas and Spring Break, and other times arranged by the employer. On nonattendance days and half day attendance, it will be up to the employer if/when the student should report to work. If an E-Learning day is declared, I will NOT attend work.

8. to notify the school, the coordinator, and my employer as soon as I know I will be absent from work for good cause. My parent must call the school to notify of an excused absence. If I am absent from school, I must also be absent from work unless approved by coordinator.

9. to obey all traffic laws and school policies and exercise extreme care while commuting to and from my training site.

10. to conduct myself in a satisfactory manner, both on the job and in the classroom, or my training may be discontinued and I may be removed from the program with loss of credit.

11. to leave school grounds promptly after my last scheduled class and not return or be found on school property unless I have permission from a teacher or administrator.

12. that if I am required to leave school due to any disciplinary reasons, I cannot report to my training site for work as Cooperative Education work is the same as any other subject that I am enrolled in at school.

13. to serve and attend in full any discipline hours or suspensions I am assigned. I understand that my employment and my responsibility to my employer are not and will not be considered as a reason for exception from any of the above school disciplinary measures.

14. the student may not resign or change jobs during the school year. In the case that the student becomes unemployed - the student has two weeks to find new employment. After two weeks, the student will be removed from the Cooperative Education Program.

15. that if I am without a job for more than 10 scheduled school days (no matter what the reason), I will be assigned to the coordinator's classroom for all my scheduled release hours.

16. if I fail to secure a position during the semester, even though I have reported to study hall during Co-Op work release hours, I will receive a "F" for the semester and earn no credit.

17. that if I am fired or released from my training station, I will receive a "F" for the work portion of the semester grade.

18. to complete and return all required forms, reports, and agreements on the proper due date.

I fully understand the above statements and I agree to cooperate in carrying them out to the fullest of my ability.

Student Signature

Date

Parent/Guardian Signature

Date

Principal Signature

Date

Hamilton County Senior High
Cooperative Education Program
Career Interest and Employment Skills Survey

Name: _____

It is important to consider all factors of a career you are interested in, not just your favorite portions of that field. It also is important to ensure that your personality, interests, and individualized skill set are compatible with the career you pursue. Take time to review all questions on this survey and consider your personal attributes and how they would relate to the career you are interested in. This survey is not to dissuade you from any career field, only to assist in ensuring a good match for each student in the Cooperative Education Program to maximize the benefit of the program for each student involved.

What are your plans after High School? (Please check one)

- Attend a two year community college
- Attend a two year community college then transfer to a four year university
- Attend a four year university
- Attend a vocational or trade school
- Join the military
- Enter the workforce - I don't plan to attend college

What type of career do you plan to pursue? (Be as specific as you can)

What about this career is appealing to you?

- Work Environment (Indoors/Outdoors/Office/Hospital/Farm)
- Technical Skills Needed (Specialized training, making workers more valuable)
- Challenge Presented (Hard or detailed work, challenging daily work)
- Steady Workflow (Always know what to expect day-to day)
- Other (Please share): _____

What characteristics/attitudes/skills do you feel you have that will make you a good employee? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Courteous | <input type="checkbox"/> Accept constructive criticism |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Honest |
| <input type="checkbox"/> Good Attendance | <input type="checkbox"/> Good with all types of people |
| <input type="checkbox"/> Learn quickly | <input type="checkbox"/> Pay attention to detail |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Neat personal appearance |
| <input type="checkbox"/> Punctual | <input type="checkbox"/> Use a computer well |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Show initiative |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Other: _____ |

Cooperative Education Program

Cooperative Education is a capstone course designed to assist students in the development of effective skills and attitudes through practical, advanced instruction in school and on the job through cooperative education. Students are released from school for their paid cooperative education work experience and participate in 200 minutes per week of related classroom instruction. Classroom instruction focuses on providing students with job survival skills and career exploration skills related to the job and improving students' abilities to interact positively with others. For skills related to the job, refer to the skill development course sequences, the task list or related occupational skill standards of the desired occupational program.

The course content includes the following broad areas of emphasis: further career education opportunities, planning for the future, job-seeking skills, personal development, human relationships, legal protection and responsibilities, economics and the job, organizations, and job termination. A qualified career and technical education coordinator is responsible for supervision. Written training agreements and individual student training plans are developed and agreed upon by the employer, student and coordinator. The coordinator, student, and employer assume compliance with federal, state, and local laws and regulations.

Length of course: 2 Semesters

Credits per semester: 1.5

Grade level: 12

Prerequisites: Completion of one credit of skill specific training in an approved CTE program recommended.

Requirements for Participation:

- Completed and approved application
- Administration/Office Approval
- 17 credits at the end of Junior Year
- Approved Co-Op Worksite

Application Process Steps

1. Register with the Guidance Counselor (During preregistration at the end of junior year, CEP may be selected as a preference, however additional courses as a backup must be selected as well.)
2. Complete the attached application. Fill in all blanks. (Write NA in any blank that does not apply to you.)
3. You and your parent/guardian should carefully read the Interrelated Cooperative Education Guideline, Student Agreement and Rules and sign each.
4. Returned signed application package to the Guidance Office by the due date. (Please note: LATE applications are a reflection of your work ethic and interest in the program.) Make every effort to turn in applications on or before the due date. Late applications will be considered last when filling the class.
5. Email Mrs. Kasten at KastenM@unit10.com if you have any questions concerning the application.
6. During March through May, your coordinator will begin working with you to establish an approved work site.
7. Once #6 is approved and completed, your schedule will be revised.

Reminders

- Step #4 does not guarantee placement into the Cooperative Education Program.
- Only when Step #7 is completed does the Cooperative Education schedule become final.

Teach recommendations, attendance, grades, and work ethic are extremely important and heavily considered when accepting students into this program!

Hamilton County Senior High

Cooperative Education Program

Rules

Hours:

- The student must work a minimum of 12 hours during the school week of Monday - Friday.
- Evening and weekend hours are permitted in addition to the school hours
- The school reserves the right to limit any extra hours or shifts
- Any student who abuses a day off from work by missing school that day will be subject to removal from the program after two incidents.
- All Cooperative Education students need to be off campus during the afternoon hours unless the student is working in an on-campus work site, or has permission from a teacher or administrator.

Absences:

- If absent from school, call your Coordinator, your work supervisor, and the school
- If you do not attend school, you are not allowed to work that day.
- Exceptions are made if it is an excused absence and prior arrangements have been made with the work coordinator. If no arrangements are made, the student can not miss any classes and still go to work.
- If an employer were to cancel work, the student must report to the coordinator's classroom for scheduled release hours.

Consequences:

- 3% work-grade deduction for each infraction of missing school and attending the worksite. (without prior arrangements made)
- 1st time - warned, employer notified
- 2nd time - no work for 1 day, report to coordinator classroom
- 3rd time - no work for 3 days, report to coordinator classroom
- 4th time - no work for 1 week, report to coordinator classroom, possible expulsion from the program

There is no changing jobs during the school year. We must have this commitment for the employers to partner with the Cooperative Program.

- If the student is let go on good terms, the student is put into the coordinator's classroom for a maximum of two weeks for the entire afternoon until another worksite is found. There will be a 3% deduction for each day missed in study hall.
- If a new worksite is not found, the student will be removed from the program and will not receive credits for the partially completed course.
- Any student who is having trouble at their worksite or experiencing academic failure will be removed from the program and placed in a regular schedule. No credits will be granted.

Contract:

I have read the information above. I understand what is expected of me in this class and I will comply with the course requirements and classroom behavior rules.

Student Signature

Date

Parent/Guardian Signature

Date

Hamilton County Senior High

Cooperative Education Program

The student will take this page to the appropriate individuals for completion and will turn it in with the application package.

Guidance Counselor:

- Credits (at the end of 1st semester of Junior Year) _____
- Number of credits being taken during Semester 2 of Junior Year _____
- Copy of current transcript. (To be submitted with application package)

Signature of Guidance Counselor: _____

Assistant Principal:

- Number of days absent during the Fall semester of Sophomore Year: _____
- Number of days absent during the Spring semester of Sophomore Year: _____
- Number of days absent during the Fall semester of Junior Year: _____
- Number of days absent during the Spring semester of Junior Year: _____
- Copy of current year disciplinary reports. (To be submitted with application package)

Signature of Assistant Principal: _____

Teacher recommendations:

- Two attached teacher recommendation surveys should be given to the two teachers recommending the student for the program.
- Teachers will submit the recommendations directly to the guidance office. They will not return the completed forms to the students.
- Please ensure you allow appropriate time for teachers to complete and submit the surveys, do not wait until the last minute to ask them to complete them.

Comments:

Hamilton County Senior High

Cooperative Education Program

Teacher Recommendation Survey

Teachers, please complete the survey below for the student requesting to be a part of the Cooperative Education Program. Please answer completely and honestly, and return directly to the Guidance Office. Surveys are not to be returned to students once completed. Thank you!

Name of Applicant: _____

Survey completed by: _____

Course(s) student has taken with you: _____

Please mark which column you feel this student would best fit for each characteristic listed:

	Outstanding	Above Average	Average	Below Average	No Opportunity To Evaluate
Positive Attitude					
Self motivated/ energetic					
Goal-Oriented					
Diligent to complete tasks					
Assumes Responsibility					
Maturity					
Trustworthy/ Honest					

Additional Comments: _____

Thank you for taking the time to recommend a student for the Cooperative Education Program. Please return these surveys to the Guidance Office at your earliest Convenience.

Hamilton County Senior High

*Cooperative Education Program
Proof of Automobile Liability Insurance*

Name: _____

The safety of our students is our highest priority. For the Cooperative Education Program, students will be responsible to transport themselves to and from their assigned worksite. It is required that students have liability insurance on the vehicles that they are driving. Please provide the following information for the vehicle(s) that they may drive.

Primary Automobile	
Year, Make, Model, and Color	
License Plate Number	
Driver's License Number	
Insurance Company	
Agent Name (If available) & Phone number	
Person responsible for providing insurance coverage	
Secondary Automobile	
Year, Make, Model, and Color	
License Plate Number	
Is insurance information the same as above? (Circle One) Yes No If no, please provide information in the space provided.	

Please attach a copy of your current insurance card from your insurance company.

I verify that the above information is accurate. I agree to provide proof of liability insurance as requested during the school year. I further agree that if I am unable to provide proof of automobile liability insurance that I will not be allowed to drive to the workplace.

Student Signature

Date

Hamilton County Senior High

Cooperative Education Program

Verification Form

Student			
Address			
Date of Birth		Phone	
Parent/Guardian Name		Phone	

Place of Employment		Job Title	
Address			
Supervisor		Phone	
Work Hours		Rate of Pay	

Rules, Policies and Procedures

Verification Form

I have received a copy of the rules, policies and procedures. I have had an opportunity to ask questions. I fully understand the rules set forth in the application packet and agree to comply with them while participating in the Hamilton County Senior High School Cooperative Education Program.

Student Signature

Date

Hamilton County Senior High

Cooperative Education Program

Cooperative Education Training Agreement

This training agreement is for the purpose of clearly defining the responsibilities of those cooperating parties involved in the employment of a student worker.

Training is designed to operate for a minimum of twelve (12) hours per week. The student is required to work a minimum number of hours per school date for supervision by the coordinator.

The schedule of compensation paid to the student-learner should be comparable to wages paid to beginners in the business in which the student-learner is employed.

The student-learner, while in the process of training, will have the status of a noncompetitive worker neither displacing a regular worker now employed nor substituting for a worker needed by the training agency.

EMPLOYER'S RESPONSIBILITIES

- Provide employment experience, career exploration, and tasks of instructional value to the student learner.
- Supervise the student's employment activity.
- Consult with the teacher-coordinator on the students' performance and evaluations and to notify if difficulties arise, changes are necessary, or termination of employment seems likely to happen.

STUDENT'S RESPONSIBILITIES

- Follow the regulations established by the school, employer, and coordinator, including proper attitude, dress and work habits.
- Be punctual and dependable in working the hours designated-including weekends and school holidays, unless otherwise arranged.
- Call the teacher-coordinator and employer when absent. You are not allowed to work on days you are absent from school.
- Consult with the teacher/coordinator on any difficulties arising at the training/work location.

COORDINATOR'S RESPONSIBILITIES

- Outline processes to be learned at the training station and coordinate related instruction in school.
- Visit the training station periodically to assess the progress and needs of the student/learner.
- Represent the school in all matters resulting from the employment of the student-learner under the direction of Mrs. Lisa Auten, Cooperative Education Program Coordinator.

PARENT RESPONSIBILITIES

- Consent to the involvement of the student in the cooperative work experience program.

Name of Program: _____

Student: _____ Age: _____ Company Name: _____

Company Address: _____ Company Phone: _____

Type of Business/Industry: _____ Job Title: _____

Working Hours (Weekday): ____ to ____ Saturday or Sunday: ____ to ____ Wages per hour: _____

Duration of training: _____ Worksite Supervisor: _____

Hamilton County Senior High

Cooperative Education Program

Training Outline

Student Name: _____

Job experiences the employer will give to the trainee:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Related information the coordinator may teach the student:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signatures

_____	_____
Training Station	Employer/Worksite Supervisor Signature

_____	_____	_____
Coordinator	Date	Student Signature