Cooperative Education/Internship Program

Permit to Register

The student is responsible for completing this form and obtaining the faculty adviser signature. The original must be returned to Laura Lerdal in the Culinary & Hospitality Center, who will facilitate the registration process once all necessary forms are received.

COD ID		Term	
Social Security Number X X X - X X - 🗌 🗌		Start Date	
Student Name:		End Date	
Address:		— Hours per Week	
Telephone: (h)			
Email:			
Are you authorized to work in the U.S.A.?	International Student A	dviser Approval:	

As a student participating in the Cooperative Education/Internship Program offered by College of DuPage I agree to indemnify and hold harmless College of DuPage, its agents and employees, from any claims, liability or causes of action which may be asserted against College of DuPage, its agents or employees, for personal injury or property damage sustained by me in the course of participation in the Cooperative Education/Internship Program. I understand that by participating in these programs I may be deemed to be an employee of the company to which I provide services but I am not an employee of College of DuPage. I, therefore, acknowledge that I am not entitled to any benefits or privileges extended to College of DuPage employees. I will strive to meet or exceed performance expectations and learning goals.

STUDENT SIGNATURE	dATE			
FIELd OF STUdY/ACAdEMIC ArEA	COMPANY SUPErVISOr NAME			
WOrk EXPERIENCE TITLE	COMPANY NAME			
	COMPANY AddrESS			
FACULTY Adviser NAME	CITY/STATE/ZIP			
FACULTY AdVISEr SIgNATUrE	COMPANY TELEPHONE			
CrEdIT HOUrS rEqUESTEd	SUPErVISOr EMAIL			
TO BE COMPLETED BY CEIP STAFF Course Code	Credit Hours			
CEIP STAFF SIgNATUrE				
Culinary & Hospitality Center CHC1015 425 Fawell	Blvd. Glen Ellyn, IL 60137-6599 (630) 942-2359			

Student is responsible for completing this form (with student, faculty adviser and employer signatures) and returning it to Laura Lerdal in the Culinary & Hospitality Center.

Student Information Student's Name (Print) Date Total Internship Credit Hours Field of Study Email Faculty Adviser's Name Phone Student's Position Title Wage: \$ / Hr Non-Paid **Employer/Supervisor Information** Company/Agency Name (Print) Supervisor's Name Telephone Number Supervisor's Title Email Student & Faculty Adviser List measurable learning goals based on the internship description, which will improve assessed skills. This portion should be completed by the student and faculty adviser in consultation with the employer. 1. Learning Goal: Learning Plan: Evaluation Rubric: 2. Learning Goal: Learning Plan: Evaluation Rubric: 3. Learning Goal: Learning Plan: Evaluation Rubric: 4. Learning Goal: Learning Plan: Evaluation Rubric: Use an additional sheet, if desired. 75 hours of work = 1 credit We agree to the learning goals listed above. STUDENT SIGNATURE The employer agrees to supervise and mentor the student in a safe environment. FACULTY ADVISER SIGNATURE The faculty adviser agrees to guide student learning and assign a grade. ASSOCIATE DEAN SIGNATURE The student agrees to meet or exceed the stated goals and work requirements. EMPLOYER/SUPERVISOR SIGNATURE 425 Fawell Blvd. | Glen Ellyn, IL 60137-6599 | (630) 942-2359 Culinary & Hospitality Center | CHC1015

Clear Form

Academic Internship Responsibilities

The student, employer, faculty adviser and Assistant Director for Career Services agree to assume the responsibilities outlined below during the student's academic internship. **NOTE:** All signatures are required prior to the start of an internship carrying academic credit. **Student:** Return this document to Laura Lerdal in the Culinary & Hospitality Center.

EMPLOYER RESPONSIBILITIES:

- \cdot Verify the position and duties by providing a job/internship description.
- Provide an orientation, any precautionary safety instructions, training, and ongoing supervision for assigned duties.
- · Provide regular feedback to the intern regarding performance.
- If the student is paid, understand the responsibility for providing Workers Compensation and liability insurance in accordance with the state law, and agree to provide said coverage. Understand and observe the Fair Labor Standards Act.
- · Comply with federal laws prohibiting discrimination on the basis of race, color, national origin, sex, disability and/or military status.
- Notify the CEIP or faculty adviser in a timely manner if any problems arise during the internship. Complete a final evaluation of the student's performance.

Employer Signature_____

Date

FACULTY ADVISERS RESPONSIBILITIES:

- · Adhere to the current Active Course File as approved by the Illinois Community College Board.
- Determine and discuss how the proposed internship is relevant to the student's educational objectives, how to apply academic theory to the world of work, and if the internship merits academic credit.
- Assist the student in writing behavioral learning goals that enhance work skills in communication, problem solving/decision making, teamwork, self-management, leadership/initiative and/or technical competency.
- Maintain contact and assess student progress via various feedback mechanisms (e.g., biweekly email reflections, Blackboard, written/video/audio reports, article or book reviews, etc.) for increased field of study proficiency.
- Determine academic assignments, monitor student progress and provide final evaluation/grade.

FacultyAdviserSignature_____

STUDENT RESPONSIBILITIES:

- Fulfill tasks/responsibilities assigned by your employer and achieve learning goals approved by your faculty adviser.
- Conduct yourself in an ethical and professional manner, acting as a positive representative of College of DuPage as outlined in the Student Code of Conduct (catalog).
- Complete a **minimum** of 75 hours for each one credit hour enrollment (e.g. 225 hours = 3 credit hours) during the internship assignment. It is your responsibility to pay for your academic credits.
- Notify the CEIP and your faculty adviser in a timely manner of any changes to the Learning Agreement or if any problems develop during the internship.
- · Keep in contact with your faculty adviser; arrange to debrief with your faculty adviser; return forms to the CEIP.

StudentSignature_____

Date

Date

CEIP MANAGER (Final Signature):

- Review the student's eligibility for participating in an academic internship (GPA, prerequisites, etc.).
- \cdot Act as liaison between the student, the employer and the faculty adviser.
- \cdot Assist the student, employer and the faculty adviser in resolving problems.
- \cdot Receive the original copies of all required forms and archive forms for a period of three years.

CEIP Program ManagerSignature

Date

Student Initial Self Assessment

Student is responsible for completing this form and retrieving signatures. Once your final version is complete, make three copies. Retain one copy and provide copies to your faculty adviser and site supervisor. Submit the original signed agreement to Laura Lerdal in the Culinary & Hospitality Center before the internship begins.

Student Name	Date
Employer Name	Supervisor Name

To be completed within two weeks of the starting date of the co-op/internship experience.

Rate your current skill level. Work to improve these important employment skills during your internship.

Communication Skills	Skill Level	Self Management Skills	Skill Level
Examples: Demonstrate oral communication skills required; write clearly and concisely; be willing to speak up, communicate information, and ask for clarification; listen to feedback and act to improve.	O Exceptional O High O Average O Limited O Poor	Examples: Produce high-quality, error-free work; adapt strategy when current approach is not effective; use good judgment and establish priorities; give attention to time management, attendance and punctuality.	OExceptional O High O Average O Limited O Poor
Problem Solving/Decision Making Skills	Skill Level	Leadership/Initiative Skills	Skill Level
Examples: Analyze situations and take appropriate action; offer creative solutions to problems; collect and analyze information to do a task and establish a course of action in a timely manner; resolve problems within appropriate time frame.	O Exceptional High Average Limited Poor	Examples: Seek opportunities to learn; take appropriate action to get the job done; complete work despite obstacles; set goals and follow up.	OExceptional High Average Limited Poor
Teamwork Skills	Skill Level	Technical Skills	Skill Level
Examples: Make a positive impact on work team by establishing rapport and credibility; share information and resources with others; pitch in to help co-workers; be willing to put in extra time and effort to get the job done.	Exceptional High Average Limited Poor	Examples: Possess the technical skills required for the position; be willing to enhance technical skills; use technology appropriately to perform work effectively.	Exceptional High Average Limited Poor

Student Signature

Supervisor Signature

The site superviser is encouraged to contact the faculty adviser or program manager to discuss progress.

Clear Form

Student Final Self Assessment

Student is responsible for completing this form and retrieving signatures. Once your final version is complete, make three copies. Retain one copy and provide copies to your faculty adviser and site supervisor. Submit the original signed agreement to the Career Services Center (SSC 3258) at the conclusion of your internship.

Student Name

Date

Supervisor Name

Faculty Adviser Name

To be completed at the end of the current co-op/internship experience. Arrange a debriefing meeting with your supervisor and faculty adviser.

Communication Skills	Skill Level	Self Management Skills	Skill Level	
Examples: Demonstrate oral communication skills required; write clearly and concisely; be willing to speak up, communicate information, and ask for clarification; listen to feedback and act to improve.	Exceptional High Average Limited Poor	igh work; adapt strategy when current approach is not effective; use good judgment and establish priorities; give attention to time management, attendance and punctuality.		
Problem Solving/Decision Making Skills	Skill Level	Leadership/Initiative Skills	Skill Level	
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Please rate your skill level now that your work term has ended.

Did you achieve your learning goals? Did you meet performance expectations? Student overall rating of the experience Student Signature and E-mail:	Very Much So Very Much So Excellent	 For the Most Part For the MostPart Very Good 	Somewhat Somewhat Average	 Only Slightly Only Slightly Fair 	☐ Not at All Not at All ☐ Poor
Faculty Adviser Feedback: Did this student meet learning goals?	Very Much So	E or the Most Part	Somewhat	Only Slightly	Not at All
Comments:					
Faculty Signature:	Faculty Signature: Date:				
Career Services Center SSC 3258 425 Fawell Blvd. Glen Ellyn, IL 60137-6599 (630) 942-2230				230	

Site Supervisor FinalAssessment

Student is responsible for sharing this form with their site supervisor at least one week prior to the internship ending. Please make 3 copies of the completed form. Student will be required to turn in signed forms to the Career Services Center within one week of the internship term ending.

StudentName	Date

EmployerName_____

Supervisor Name_____

Please assess the student-intern's level of improvement and overall skill level at the end of the co-op/internship experience. This form will be returned to the faculty adviser or co-op/internship staff by the student. You are encouraged to contact the faculty adviser to discuss directly.

Communication/ Teamwork Skills	Strongly Agree	Agree	Disagree	Strongly Disagree
Demonstrates appropriate oral and written communication				
skills				
Seeks clarification on assigned tasks when needed				
Acts professionally and manages stress well				
Communicates ideas and contributes to the team well				
Makes a positive impact on the team				
Collaborates with team members				
Comments:				
Critical Thinking/Problem Solving	Strongly Agree	Agree	Disagree	Strongly Disagree
Demonstrates an action plan to complete assigned tasks				
Communicates potential solutions in an effective and timely				
manner				
Comments:				
Leadership/Professionalism	Strongly Agree	Agree	Disagree	Strongly Disagree
Takes initiative and volunteers for new tasks				
Maintains a professional manner when interacting with				
colleagues and consumers				
Manages time well and gets the job done in a timely manner				
Sets appropriate goals and accomplishes target goals				
Accepts performance feedback in a professional manner				
Comments:				
Technical Skills	Strongly Agree	Agree	Disagree	Strongly Disagree
Demonstrates the appropriate technical skills for this position				
Uses technology appropriately to complete tasks				
Comments:				