



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: _____ Student I.D. No.: _____
Last First

Address: _____
Number/Street City Zip

Phone: _____ Email: _____

Term/Year: _____ Start Date: _____ End Date: _____

*Student Portion:
All sections must be filled in*

Student Academic Program Information

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

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

Faculty Portion

WE/Internship Site Information

WE/Internship Site Name: _____

Site Address: _____
Number/Street City Zip

Supervisor Name & Title: _____ *

Supervisor Email: Supervisor Phone: _____

Student Job Title: _____ Non-paid or Paid: _____

Total Hours Scheduled During Term: _____ Please reference the work experience hour requirements per credit unit at the bottom of this page.

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

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

Course Title: _____

Course Professor: _____

CRN: _____ Units (check one): 1 unit 2 units 3 units 4 units
54-107 hours 108-161 hours 162-215 hours 216 - 269 hours

*Student Portion:
All sections must be filled in*

Enter same unit requirement for Mid-Term Assessment & Student Work and Hours Report-Final Evaluation

*AD 82A/B only, must include supervisor's counseling credentials in "Name & Title"!

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)

Lined area for listing course measurable objectives.

Career Specialist Name

Email:

Phone:

Faculty
Fills out
this entire
page

Tech & Health
Career Specialist
info:

Name:

Lisa Winston

E-Mail Address:

LWinston3

@mtsac.edu

Phone Number:

(909) 274-4084

Learning Contract

PAGE ONE OF TWO



Term: Year:

Student Name:

Student I.D. #: A

Name of Site:

*Student
Portion: All
sections
must be
filled in*

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.

Supervisor/Mentor Initials:

*Supervisor
must
initial here*

Learning Contract

PAGE TWO OF TWO



Term: _____ Year: _____

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)

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 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

WE/Internship Supervisor/Mentor Name

WE/Internship Supervisor/Mentor Signature

Date

Site Name

Student Portion: All sections must be filled in

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

Faculty signature

Internship Supervisor Portion

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
- 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

Section B Complete for Non-paid Site Only

- I certify that Work Experience is unpaid off campus

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

Name of Company/Site

Physical Site Address Including Zip Code

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: _____
(Please Print) If Under 18 years old (Please Print)

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 _____

Student Name: _____ Date of Evaluation: _____
Last name First name

WE/Internship Site Name: _____

WE/Internship Site Supervisor: _____

WE/Internship Course Title: _____

WE/Internship Course Professor: _____

CRN: _____ 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

Student
Completes
top
Portion
with
internship
info

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:

Faculty
completes
this
portion of
the

paperwork
through
discussion
with site
supervisor

final Evaluations

PAGE ONE OF TWO



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

Student Name: _____ Date: _____

WE/Internship Site Name: _____

Supervisor Name: _____

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?

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Consistently meets deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Learns from & works collaboratively with diverse cultures, races, ages, genders, religions, lifestyles and viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exhibits initiative, alertness, and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Articulates thoughts/ideas clearly & effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Exhibits professional verbal & written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dependability with minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Maintains personal hygiene and dress appropriately for work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates integrity & ethical behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Exercises sound reasoning & analytical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ ID# _____
 WE/Internship Site Name: _____
 Student Job Title: _____
 Name of Supervisor: _____ Job Title: _____
 Supervisor Phone #: _____ Supervisor Email: _____
 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 measurable 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?)