



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