



## WELCOME TO THE WORLD OF

### WORK-BASED LEARNING

Dear Student,

It is a pleasure to welcome you to Work-Based Learning. Work-Based Learning (*also referred to as WBL & CO-OP*) is a unique and challenging program that blends theory with practical career related work experience.

Now the question is:

*What **is** Work-Based Learning?*

WBL is an educational plan where you receive college credit that integrates classroom learning with supervised work experience in an employment situation directly related to the educational program of the student. It is work experience employment where the student gains actual experiences performing the tasks of an employee.

A successful WBL program is the result of cooperative efforts among the employer, the college, and the student with work activities that correlate with learning activities in the student's educational program.

If you have concerns or questions at any time during your WBL experience, please be sure to contact me, (*my contact information is at the bottom of this page*) I will be more than happy to assist you with any questions you may have. Throughout the semester, I will visit you at your WBL site.

I wish you the best as you take on this new challenging adventure.

Regards,



Tara Moss

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## **WORK-BASED LEARNING WORKBOOK**

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## MEASURABLE LEARNING OBJECTIVES (MLO)

### What are Measurable Learning Objectives (MLO)?

Measurable Learning Objectives refers to a set of statements which clearly and precisely describe what a student intends to accomplish during the work experience.

### Why have Measurable Learning Objectives?

WBL is an academic program. Credit is granted not for working but for the learning that occurs as a result of working. Measurable Learning Objectives are the most effective method to assess the extent and value of this type of learning.

### How to develop and write Measurable Learning Objectives?

Begin by reviewing the job duties and responsibilities with the supervisor at the work site. Note areas where you can gain or develop new skills, increase your knowledge, or improve your work ethic. It is important that you avoid broad general statements and confine your objectives to those that can be accomplished during a single semester/term.

Typically, an MLO combines four major variables in a single sentence. The variables or components are ACTIVITY, FORECAST, TIME FRAME, and EVALUATION. The activity is the desired outcome or expected achievement, the forecast is the proposed level of accomplishment, the timeframe is the expected completion date, and the evaluation is the stated method of measurement.

#### **EXAMPLE:**

By the end of the term (TIME FRAME) I will design and build a new chair (ACTIVITY) that meets company construction specifications (FORECAST) as evaluated by my job supervisor (EVALUATION)

An important element in the development of an MLO is the ACTION WORD. There are two such action words used in the examples above. The words are "design" and "build". Other

action words are demonstrate, describe, develop, draw, discuss, operate, perform, summarize, recognize, etc.

Some important things to remember when preparing MLOs:

Avoid broad, general objectives; make them specific, measurable and attainable by the end of the semester/term.

Be sure you have the knowledge, skill, time and freedom to accomplish your objectives.

Indicate the level of achievement you expect to obtain, expressed whenever possible in numerical terms (e.g. increase speed by 15%).

Examples with Poor Objectives

- a. I will become a better sales person.
- b. I will learn how to use computers in a work environment.
- c. I will help wire a structure for light fixtures.

Examples with Acceptable Objectives

- a. By (date), I will increase my sales by 5 percent while keeping complaints at or below their present level as judged by the sales manager.
- b. By (date), I will correctly produce 5 letters using Microsoft Word as evaluated by (supervisor's name).
- c. By the end of the term, I will correctly wire and install a minimum of 10 florescent light fixtures as evaluated by my supervisor.

## **MEASURABLE LEARNING OBJECTIVES (MLO) EXAMPLES**

The Measurable Learning Objectives (MLOs) should clearly describe what a student plans to accomplish during the co-op work experience. The following examples should help co-op students prepare solid MLOs.

"By the end of the semester, I will perform the duties of a party chief to the satisfaction of my employer."

"By the end of the semester, I will draw maps in accordance with NCGS 47-30 as evaluated by my supervisor."

"By the end of the semester I will perform computations and calculations to reduce field data for surveying jobs as judged by my employer."

"By the end of my co-op term, I will be able to demonstrate proper body mechanics and be able to set up customers on the strength training system in a manner that meets the standards of my supervisor."

"By the end of the semester, I will be able to read, evaluate, and grade student's legal research papers under the supervision of and to the satisfaction of my supervisor."

"By the end of the semester, I will prepare and fill all sections of a divorce pleading that meets office specifications, as evaluated by my supervisor."

"By the end of the semester, I will master the art of speaking with clients on the phone and taking appropriate and complete messages that meet office specifications, as evaluated by my supervisor."

"By the end of the semester, I will be able to interpret the doctor's order forms from patient charts and transfer all necessary information to the medical administration forms for the nurses so they can carry out the orders of the doctor as evaluated by my supervisor."

"By the end of the semester, I will be able to schedule patient consultations per the doctor's request, discharge patients with all necessary medical forms for medications and instructions, and break down the patient's chart book upon discharge to include taking the patient out of the hospital's computer system as evaluated by my supervisor."

"By the end of the semester, I will be able to accurately balance charges and payments for each doctor at the end of the day."

"By the end of the semester, I will be able to prepare the correct hospital paperwork for major surgery cases."

"By the end of the semester, I will seek out foundations and other possible sources of funding for a program addressing the needs of the older adult substance abuse population as evaluated by my supervisor."

"By the end of the semester, I will demonstrate knowledge in observing behavior and recording significant observation in descriptive form, this will be evaluated by my supervisor."

"By the end of the semester, I will demonstrate a working knowledge of the host agency/institution by submitting an outline that includes mission statement, services, fees, and referral sources as evaluated by my supervisor."

"By the end of the semester, I will demonstrate increasing levels of skill in recording and interpreting observations of children in the classroom as evaluated by my supervisor."

"By the end of the semester, I will plan, facilitate, and document an extended learning experience for children as evaluated by my supervisor."

"By the end of the semester, I will be able to demonstrate proper pruning techniques for small trees which meets the standards of the industry as evaluated by my supervisor."

"By the end of the semester, I will be able to perform preventive maintenance on equipment and return equipment back to service as evaluated by my supervisor."

"By the end of the semester, I will be able to work safely and follow safety guidelines set forth by my company as evaluated by my supervisor."

# South Piedmont Community College

## WORK BASED LEARNING APPLICATION

Date of Initial Application \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name First MI

Student I.D. number: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
PO Box / Street

\_\_\_\_\_ City State Zip

### Statement of Understanding

In signing this application, I hereby grant permission to the Work-based Learning Office to obtain copies of my academic transcripts and grade reports. In addition, I grant the Work-based Learning Office permission to forward to my Work-based Learning employer the result of my background and/or drug screening, if applicable to students program. In the case of an unsatisfactory result, the student will be informed and have the option to withdraw from WBL or allow the unsatisfactory report to be forward to the site for possible placement. In the event the site refuses the student, the WBL staff will inform the student giving him/her the option to acquire a site by oneself, including a signed statement confirming they are aware of the report and will accept the student at their location. Whereas the signed form must be taken to the WBL staff within 1 week of the initial contact of the unsatisfactory report. Thereafter site placement will proceed as normal.

By signing below, I state that I have read, fully understand, and agree to abide by the above statements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INSURANCE CERTIFICATION  
PERSONAL INSURANCE**

Students must be covered by adequate health and accident insurance during the WBL work experience. Students who are enrolled in a WBL course must indicate the medical insurance they will be covered by before beginning their work experience each semester. South Piedmont Community College will not be responsible for any accident/injuries, which occur as part of employment through the WBL Program. Students may not file unemployment compensation while employed through the WBL program.

Name of Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

South Piedmont Community College's accident insurance and student insurance explained to student.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **WORK BASED LEARNING AGREEMENT**

The following statements constitute the Agreement on which participation in the Work Based Learning Program at South Piedmont Community College is based:

South Piedmont Community College and the cooperating employer agree to observe placement procedures and employment practices, which conform to all federal, state, and local laws and regulations (including nondiscrimination toward any participant or employee because of race, color, religion, sex, veteran's status, handicap, or national origin).

### **College Responsibilities**

1. Assess the student's skills, capacities, and career objective.
2. Refer the student to an employer of interest.
3. Provide consultation and coordination between the student, the employer, and the college.
4. Approve and evaluate the student's Measurable Learning Objectives for each training period.
5. Conducting on-site visits with the WBL students and their immediate Supervisor.
6. Determine a grade for the WBL experience and award college credit based on the student's performance and completion of required reports.

### **Employer Responsibilities**

1. Provide a minimum of at least 160 hours of employment per semester/term depending on course credit assigned.
2. Identify a qualified employee to serve as the immediate supervisor who will assist the student in developing and evaluating the Measurable Learning Objectives related to the student's academic studies.
3. Permit on-site visits by a college representative.
4. Notify the WORK BASED LEARNING Office at the college at least one (1) week before any action that might result in the termination or change of employment status of the student.
5. Encourage the student to continue his or her higher education to completion.
6. Compensate WBL student at a level consistent with regular employees in a similar training situation.
7. Provide Workmen's Compensation Liability Insurance coverage as applicable according to state law.
8. Evaluate the student's performance during on-site visits and at the end of the semester/term.
9. Adhere to the Fair Labor Standards Act.

10. Give permission to use employer's name in WBL marketing/promotional materials upon employer's approval.
11. Provide the student with a supervised, progressive, and meaningful work experience.
12. Assure a safe and healthy work environment.

**Student Responsibilities**

1. Report punctually and regularly for work.
2. Strive to do the best possible job for the employer.
3. Adhere, at all times, to the employer's work rules and regulations.
4. Notify the employer promptly if unable to work for any reason.
5. Develop Measurable Learning Objectives in conjunction with the immediate supervisor and faculty coordinator during the first two weeks of the work experience.
6. Be covered by adequate accident insurance.
7. Inform the college's Financial Aid Office of their WBL employment and report wages earned during the WBL work experience, if appropriate.
8. Complete WBL Workbook and turn in to WBL Director.

**Statement of Cooperation**

I fully understand the responsibilities of all parties involved in this WORK BASED LEARNING Agreement and shall strive to make this a successful learning experience.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WBL Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RELEASE AGREEMENT

I understand I have accepted a WORK BASED LEARNING assignment. The work and learn partnership will involve South Piedmont Community College and \_\_\_\_\_ (Employer).

I acknowledge that the college will assume no financial responsibility in the event of any accident or illness suffered by said student because of the student's educational activities while enrolled in the WORK BASED LEARNING class at South Piedmont Community College.

I understand that I am personally responsible for seeing that arrangements are made through personal insurance and/or private funds to cover costs incurred for the medical, surgical, or emergency treatment of an accident or illness suffered while involved in the WBL partnership between the college and the employer. Student must be covered by school insurance and adequate accident insurance.

The presence of the student's signature on this form acknowledges that the student understands the information stated in the release agreement. This agreement must be signed at the time of the initial enrollment in the WBL Program.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WBL Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEASURABLE LEARNING OBJECTIVES WORKSHEET

The Measurable Learning Objectives (MLOs) must clearly describe what you intend to accomplish during your work term. The MLOs must be reviewed by your supervisor (who can suggest modifications) during the first two weeks of the term and approved by your faculty coordinator. At the end of the work term, your supervisor will evaluate how well you accomplished each of the objectives. The suggested number of MLOs to complete is three (3).

MLO 1:

By the end of the semester,

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MLO 2:

By the end of the semester,

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MLO 3:

By the end of the semester,

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WBL Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employer

### WORK-BASED LEARNING – ON-SITE EVALUATION REPORT

This form is to be completed by the Supervisor/Employer and WBL Faculty during the student's onsite visit. If this form is sent electronically, print form, complete and sign, then scan form back to faculty.

Semester \_\_\_\_\_ Year \_\_\_\_\_ (to be completed by faculty)

Below to be completed by Supervisor/Employer

Date of report \_\_\_\_\_

Student's Name \_\_\_\_\_

Company/Site Name \_\_\_\_\_

	Outstanding	Very Good	Average	Below Average	Unsatisfactory
Subject Knowledge	_____	_____	_____	_____	_____
Progress of MLOs	_____	_____	_____	_____	_____
Skills Improved	_____	_____	_____	_____	_____
Relationship with Co-workers	_____	_____	_____	_____	_____
Attendance/ Punctuality	_____	_____	_____	_____	_____
Appropriate Appearance/Attire (PPE)	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor/Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT

## WORK-BASED LEARNING – ON-SITE VISITATION REPORT

This form is to be completed by the Student and WBL Faculty during the student's onsite visit. If this form is sent electronically, print form, complete and sign, then scan form back to faculty.

Semester \_\_\_\_\_ Year \_\_\_\_\_ (to be completed by faculty)

### Below to be completed by Student

Date of report \_\_\_\_\_

Student's Name \_\_\_\_\_

Company/Site Name \_\_\_\_\_

Have you encountered any problems related to your Measurable Learning Objectives (MLOs)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills have you acquired since starting WBL?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you think this work assignment will help you meet some of your career goals?

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your knowledge grown in your field since you started WBL and how?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

# FINAL EVALUATION REPORT

## EMPLOYER

This form is to be completed by the Supervisor/Employer and WBL Faculty during the student's onsite visit. If this form is sent electronically, print form, complete and sign, then scan form back to faculty.

Semester \_\_\_\_\_ Year \_\_\_\_\_ (to be completed by faculty)

Below to be completed by Supervisor/Employer

Date of report \_\_\_\_\_

Student's Name \_\_\_\_\_

Company/Site Name \_\_\_\_\_

	Outstanding	Very Good	Average	Below Average	Unsatisfactory
Relationship with Co-workers	_____	_____	_____	_____	_____
Attendance/ Punctuality	_____	_____	_____	_____	_____
Appropriate PPE Appearance/Attire	_____	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____	_____

Did the student's skills improve over the learning experience? \_\_\_\_\_ yes \_\_\_\_\_ no

How did they improve? Comments:

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Supervisor/Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

WBL Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT FINAL SELF-EVALUATION**

Date of Evaluation: \_\_\_\_\_

Student Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Typed is preferred by WBL Faculty and attached)

**1. Explain in detail how you succeeded in meeting your Measurable Learning Objectives.**

**Objective 1:**

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**Objective 2:**

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**Objective 3:**

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**What skills have you acquired during WBL?**

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**How do you plan to use the skills you have acquired?**

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**Did your supervisor/employer contribute to your learning and professional growth? Yes \_\_\_ No \_\_\_**

**How? \_\_\_\_\_**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

## ORIENTATION STATEMENT

I attended the WBL Orientation on \_\_\_\_\_.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WBL Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_



WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							

Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
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Sat							

Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
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Tues							
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Thur							
Fri							
Sat							

Week Hours Total \_\_\_\_\_

I certify that the above time report is a true statement worked this month.

I certify that the above time report is a true statement of the hours worked this month.

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Employer Signature                      Date

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
Mon							
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Sat							

Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
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Sat							

Week Hours Total \_\_\_\_\_

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Sat							

Week Hours Total \_\_\_\_\_

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\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Employer Signature                      Date

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
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Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
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Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
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Thur							
Fri							
Sat							

Week Hours Total \_\_\_\_\_

I certify that the above time report is a true statement worked this month.

I certify that the above time report is a true statement of the hours worked this month.

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Employer Signature                      Date

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
Mon							
Tues							
Wed							
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Fri							
Sat							

Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
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Tues							
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Sat							

Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
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Week Hours Total \_\_\_\_\_

I certify that the above time report is a true statement worked this month.

I certify that the above time report is a true statement of the hours worked this month.

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Employer Signature                      Date

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
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Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
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Week Hours Total \_\_\_\_\_

WEEK \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
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Week Hours Total \_\_\_\_\_

Week Hours Total \_\_\_\_\_

I certify that the above time report is a true statement worked this month.

I certify that the above time report is a true statement of hours the hours worked this month.

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Employer Signature                      Date

**WEEK** \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
Mon							
Tues							
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Fri							
Sat							

**Week Hours Total** \_\_\_\_\_

**WEEK** \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
Sun							
Mon							
Tues							
Wed							
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Fri							
Sat							

**Week Hours Total** \_\_\_\_\_

**WEEK** \_\_\_\_\_

Day	Date	Time-in	Time-out	Time-in	Time-out	Hours Total	Wages
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Mon							
Tues							
Wed							
Thur							
Fri							
Sat							

**Week Hours Total** \_\_\_\_\_

I certify that the above time report is a true statement worked this month.

I certify that the above time report is a true statement of the hours worked this month.

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Employer Signature                      Date

## GRADE SHEET INFORMATION

**Attendance-** If student receives between 40-160- hours receives Satisfactory

**On-Site Visit** – If student receives positive feedback and growth = Satisfactory

**Final Evaluation-** If student receives positive feedback and continued growth = Satisfactory

**WBL Faculty Assessment-** Completed forms, all documentation, positive growth and feedback = Satisfactory

**Attendance** \_\_\_\_\_ U S

**On-Site Visit** \_\_\_\_\_ U S

**Final Evaluation** \_\_\_\_\_ U S

**WBL Faculty Assessment** \_\_\_\_\_ U S

**Final Grade** \_\_\_\_\_ U S

WBL Faculty: \_\_\_\_\_