

**STOCKBRIDGE SCHOOL
UMASS – Amherst**



**HORTICULTURE
COOPERATIVE WORK TRAINING
EMPLOYER HANDBOOK**

111 Stockbridge Hall
UMass Amherst
Amherst, MA 01003
Phone (413) 545-2222 Fax (413) 577-0242
www.umass.edu/stockbridge

Dear Employer,

The cooperative work training program at the Stockbridge School is an integral part of our students' academic career. The program provides the student with industry-related work experience, which will supplement his/her classroom studies. Thank you for being part of our student's academic career by integrating the student into the many facets of your business. Please review the following instructions.

INSTRUCTIONS:

- Meet with the student weekly; establish a clear understanding of the work assignments, expectations, and concerns.
- Sign the **Cooperative Work Training Agreement**; student will submit the form to the program coordinator by April 30th.
- Complete & return the **30 Day Evaluation of Student** to the program coordinator by April 30th.
- Complete & return the **Final Evaluation of Student** to the program coordinator by September 18th.

The Student is required to complete a report to receive a grade for his/her cooperative work training. A copy of the report requirements is posted at www.umass.edu/stockbridge/current/coop.php. The student is responsible for completing the work on his/her own time.

I am very pleased you are employing a student from the Stockbridge School. I hope this will be a rewarding experience for you and your business. If you have any questions, please do not hesitate to contact Dr. Cox, the program coordinator, or me.

Sincerely,

William L. Mitchell
Director

COOPERATIVE WORK TRAINING REQUIREMENTS

STUDENTS MUST:

- Pre-register for the cooperative work training program during the fall registration period. Students should access the SPIRE system for fall pre-registration beginning in March. Students can access their SPIRE account for enrollment appointment date and time.
- Work full time (40 hours/week) for the duration of the cooperative work training. One credit equals four weeks/160 hours. Students can expect a reduction in credits when the work required weeks are not completed as outlined by major.
 - **Arboriculture, Fruit & Vegetable Crops, Horticulture and Landscape Contracting** are required to complete five months/22 weeks for four credits.
 - **Equine Industries** have two options; 1) two months/8 weeks for two, 2) three month/13 weeks for three credits.
 - **Turfgrass Management** is required to complete three months/13 weeks for three credits.
- Submit all required forms by the designated deadlines outlined otherwise there will be reduction to your final grade. For the students on a five month coop. The deadlines are as follows; submit the cooperative work training agreement and the 30-Day Evaluation of Employer forms by April 30th. NOTE: The student will incur a 5% reduction to their final grade for each form submitted past the due date.
- It is the students responsibility to see that the employer submits the Employer Final Evaluation of Student form by September 15th.
- Complete and submit the coop report as outlined in the **Cooperative Work Training Student Handbook** by **September 18th at 1:00pm** to Dr. Cox. There will be a full grade reduction to the final grade for each day the report is received after the deadline.
- Earn a grade of “C” (2.0) or better, and complete the required credits specified by major for graduation.
- Meet the work quality standards of the employer and the minimum standards as outlined in the Stockbridge School Final Evaluation of the Student form.
- Students who change positions, for whatever reason, must notify their program coordinator in writing.
- Students should coordinate any vacation plans with their employer.

HORTICULTURE COOPERATIVE WORK TRAINING AGREEMENT

Student name _____ Phone(____) _____

Student summer address _____
Street City/Town State Zip Code

Company name _____

Company address _____
Street City/Town State Zip Code

Employer Name _____ Phone (____) _____

Employer Workman's Compensation # _____ Tax ID# _____

Period of employment from: _____ to: _____

Daily work hours _____ a.m. to _____ p.m.

Days per week that student will work _____

Remuneration that the employer will pay student \$ _____ per hour

What is the overtime agreement for work beyond 40 hours per week? _____

Educational objectives and activities in which the student will participate:

Two weeks notice must be given to all parties before this agreement is terminated.
We, the undersigned, agree to conform to this agreement.

Employer signature _____ Date _____

Student signature _____ Date _____

Program Coordinator Signature _____ Date _____

30 DAYS after reporting to work return for by April 30th to:

Dr. Douglas Cox
210 French Hall
UMass Amherst
Amherst, MA 01003
(413) 545-5214
dcox@pssci.umass.edu

HORTICULTURE
30 DAY EVALUATION OF EMPLOYER

(Included for your information only – Student has their own copy)

Student name _____ Phone(____)_____

Student summer address _____
Street City/Town State Zip Code

Company name _____

Company address _____
Street City/Town State Zip Code

Employer Name _____ Title _____

1. Did you discuss the cooperative work training program and your educational objectives
 - a. your supervisor _____ YES _____ NO(explain on reverse side)
 - b. other _____ YES _____ NO Whom? _____

2. Are you satisfied with the conditions of your employment? _____ YES _____ NO
(explain on reverse side)

3. Are relations with your employer and co-workers satisfactory _____ YES _____ NO
(explain on reverse side)

4. The date you began your cooperative work training? _____

5. If provided, are room and board arrangements satisfactory? _____ YES _____ NO
(explain on reverse side)

6. On the reverse side, list the type of work you have performed since your cooperative work training began.

Student signature _____ Date _____

30 DAYS after reporting to work return form by April 30th to:
Dr. Douglas Cox
210 French Hall
UMass Amherst
Amherst, MA 01003
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dcox@pssci.umass.edu

HORTICULTURE FINAL EVALUATION OF STUDENT

We thank you for providing this Stockbridge Student with a positive learning experience which will complement his/her classroom education. Please complete this confidential form that will be used along with his/her report to assess the student's cooperative work training grade.

Student name _____ Phone(____)_____

Student summer address _____
Street City/Town State Zip Code

Company name _____

Company address _____
Street City/Town State Zip Code

Employer name _____ Phone (____)_____

Approximate number of absences _____ Number of employer student conferences _____

First day of work _____ Last day of work _____

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1. Is the student honest? ___ YES ___ NO
 2. Does the student keep a good personal appearance? ___ YES ___ NO
 3. Is the student arriving to work on time? ___ YES ___ NO
 4. Is the student completing assigned projects in a timely fashion? ___ YES ___ NO
 5. Does the student follow instructions? ___ YES ___ NO
 6. Does the student get along well with other employees? ___ YES ___ NO
 7. Does the student show enthusiasm? ___ YES ___ NO
 8. Does the student accept constructive criticism? ___ YES ___ NO
 9. Do you think the student displays leadership potential? ___ YES ___ NO
 10. Quality and thoroughness of students work:

