

**STOCKBRIDGE SCHOOL  
UMASS – Amherst**



**TURFGRASS MANAGEMENT  
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](http://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 30<sup>th</sup>.
- Complete & return the **30 Day Evaluation of Student** to the program coordinator by April 30<sup>th</sup>.
- Complete & return the **Final Evaluation of Student** to the program coordinator by September 7<sup>th</sup>.

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](http://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 Scott Ebdon, 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 30<sup>th</sup>. 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 7<sup>th</sup>.
- Complete and submit the coop report as outlined in the **Cooperative Work Training Student Handbook** by **September 7<sup>th</sup> at 5:00pm** to Dr. Vittum in 104 Ag Engineering Building. 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.

**TURFGRASS MANAGEMENT  
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 30<sup>th</sup> to:

Dr. Scott Ebdon  
12F Stockbridge Hall  
UMASS – Amherst  
Amherst, MA 01003  
(413) 545-2506 Fax (413)545-3958  
email: sebdon@pssci.umass.edu

**TURFGRASS MANAGEMENT  
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 30<sup>th</sup> to:

Dr. Scott Ebdon  
12F Stockbridge Hall  
UMASS – Amherst  
Amherst, MA 01003  
(413) 545-2506 Fax (413)545-3958  
email: sebdon@pssci.umass.edu

**TURFGRASS MANAGEMENT  
30 DAY EVALUATION OF STUDENT**

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. Is the student performing to your satisfaction? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Does the student follow instructions? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Is the student arriving to work at the specified hour? YES \_\_\_\_\_ NO \_\_\_\_\_

REMARKS

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Employer/supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

30 DAYS after student reports to work return form by April 30<sup>th</sup> to:

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12F Stockbridge Hall  
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