

**STOCKBRIDGE SCHOOL  
UMASS – Amherst**



**ARBORICULTURE & COMMUNITY FOREST MANAGEMENT  
COOPERATIVE WORK TRAINING  
STUDENT 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 Student,

The cooperative work training program at the Stockbridge School is an integral part of your academic career. The program provides you with industry-related work experience to supplement your classroom studies. Please review the following instructions.

**INSTRUCTIONS:**

- Meet with your employer weekly; establish a clear understanding of the work assignments, expectations, and concerns.
- Give your employer the **Cooperative Work Training Employer Handbook**.
- Sign the **Cooperative Work Training Agreement** with your employer. Submit the form to the program coordinator by April 30<sup>th</sup>.
- Complete & return the **30 Day Evaluation of Employer** to the program coordinator by April 30<sup>th</sup>.
- The coop report is due September 15<sup>th</sup> by 10am to Dr. Ryan. Late reports will receive a full grade deduction for each day late.

To fulfill the requirements for your cooperative work training, you must complete the additional assignments as outlined in the Cooperative Work Training Student Handbook and submit them by the deadlines. These requirements are to be completed on your own time and not during work hours. If lost, these forms and the report can be downloaded online at [www.umass.edu/stockbridge/current/coop.php](http://www.umass.edu/stockbridge/current/coop.php).

Best wishes for a productive experience. If you have any questions, please contact Dr. Ryan.

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 15<sup>th</sup>.
- Complete and submit the coop report as outlined in the **Cooperative Work Training Student Handbook** by **September 15<sup>th</sup> at 10:00am** to Dr. Ryan. 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.

**ARBORICULTURE  
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. Dennis Ryan  
119 Holdsworth Hall  
UMASS – Amherst  
Amherst, MA 01003  
(413) 545-6626 Fax (413)545-4358

dr@nrc.umass.edu

## ABORICULTURE 30 DAY EVALUATION OF EMPLOYER

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. Dennis Ryan  
119 Holdsworth Hall  
UMASS – Amherst  
Amherst, MA 01002  
(413)545-6626 Fax (413)545-4358  
dr@nrc.umass.edu

**ARBORICULTURE**  
**30 DAY EVALUATION OF STUDENT**  
**(Included for your information only – Employer 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. 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

---

---

---

---

---

---

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

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

Dr. Dennis Ryan  
119 Holdsworth Hall  
UMASS – Amherst  
Amherst, MA 01002

**ARBORICULTURE  
FINAL EVALUATION OF STUDENT**

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

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 \_\_\_\_\_

- .....
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



