*Reedley College Agriculture & Natural Resources Department*

Course Syllabus – Fall 2021

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| **Course Number & Name:** AS 19V – Cooperative Work Experience, Agriculture | **Section Number: 56547** | |
| Instructor Contact Information:Desiree Molyneux Phone/Voice Mail: 559-638-0300  E-mail: desiree.molyneux@reedleycollege.edu | **Office Hours:**  Monday Wed LSH 11:00 – 12:00  Thursday 1:00 – 3:00  Friday 11:00-12:00 Zoom/email  Office: LSH 2 | |
| **Course Description:**  Students, while enrolled in school, may gain realistic employment experience through the work experience program. The program is a partnership between the student, the employer, and the college. It provides an opportunity to review career growth and development, and discuss problems common to the work environment. Employers will facilitate workplace learning, share background information on their respective businesses, and monitor the progress of students as employees.  Supervised employment directly related to the student’s major in Agriculture and Natural Resources, more specifically related to Animal Science. Maximum of 8 units per semester, 16 total units. | |
| **Class Meets:** By Arrangement. Student works according to employment schedule. Instructor meets with student and employer by arrangement 1 time during the 18 week semester. | |
| **Holidays:** As per employment schedule. | |
| **Drop Deadline:**  The last day for a student to drop this course is **January 29, 2021**. After this date, the student must receive a grade. Incomplete (INC) grades cannot be given for a work experience class. | |
| **Final Exam Date:** Not applicable to this course. There is no final exam for AS-19V. | |
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| **Prerequisites:** Basic Skills Advisory - None | |
| **Units:** Variable units, 1 - 8 per semester.  For **Paid Employment**, a student may earn 1 unit for every 75 hours worked.  For **Volunteer Work**, a student may earn 1 unit for every 60 hours worked. | |
| Text & Other Required Materials: Textbooks: None required.  Materials: Folder (to keep contract form, timesheet, and other documents organized). | |
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| Method for Measuring Student Advancement and Determining Grades  1. Once the student completes the number of hours which satisfies the units of registration, the instructor will complete the contract with the employer and assign the final grade. Students should not wait until the very end of the semester as this will be a very busy time with final examinations which may interfere with the work site visitation. Grades are determined by the points awarded by the employer for each of the learning objectives and general work habits (rating scale 1 - 4 respectively). | |
| **Attendance Requirements** Initial Orientation: Each student must correspond with the AG 19V instructor at the beginning of the semester. At this time, each student will receive a contract which must be signed by his/her employer. **The student will arrange appropriate dates and times for the instructor to visit with the employer.** A minimum number of on-site visitations are required during the semester. **Units cannot be granted if the visitations are not completed.** | |
| Student Responsibility: **The student is responsible for maintaining a detailed record of work hours on a weekly basis.** The employer will verify the hours worked by signing the timesheet at the end of the semester. **Units cannot be awarded unless the timesheet is signed.** It is recommended that students save payroll stubs and post the data directly to the timesheet. Student must arrange final work evaluation before the last week of the semester. | |
| **Topics Covered:**  A. Evaluation of work experience and direction of college major.  B. Development of measurable learning objectives as they related to the area of employment and college major.  C. Development of employer-employee communication through contract preparation.  D. Evaluation of measurable learning objectives. | |
| **Accommodation Statement:**  If you have a verified need for an academic accommodation or materials in alternate media (i.e., Braille, large print, electronic text, etc.) per the Americans with Disabilities Act (ADA) or Section 504 of the Rehabilitation Act, please contact me as soon as possible. | |

***Reedley College***

***Agriculture & Natural Resources Department***

**Syllabus Review Verification & Course Expectations**

**for AS 19V Cooperative Work Experience, Agriculture**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby verify that I have received and

*<print your first & last name>*

reviewed a copy of the course syllabus for **AS 19V Cooperative Work Experience, Agriculture**. Furthermore, I understand that:

* I am responsible for obtaining the appropriate documents pertinent to this course from the Blackboard website which can be found at [www.reedleycollege.edu](http://www.reedleycollege.edu).
* I am responsible for reviewing, signing, and returning the Syllabus Review document (this document) to the instructor by no later than the end of the 3rd week of the semester. This document may be returned by mail, in person, scan and email or by fax to: **Attention: Desiree Molyneux, 995 North Reed Avenue, Reedley, CA 93654, FAX No. 800-643-0946**.
* I am responsible for developing at least four (4) learning objectives, along with my work supervisor, and submitting these objectives for approval to the instructor by no later than the end of the 3rd week of the semester.
* I am responsible for scheduling a performance evaluation visit to be completed by no later than the Friday before the last week of the semester. My work supervisor, instructor, and I all need to be present at this visit. At the conclusion of the visit, the instructor will be provided with a completed time sheet and a completed contract, both signed by the work supervisor.
* The information I provide as follows will be used by the instructor as a means of contacting me in regard to this course.

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| Student Name (print neatly): |  |
| Primary Phone Number: |  |
| Optional Phone Number: |  |
| E-mail Address: |  |

* The information regarding my place of employment is as follows:

|  |  |
| --- | --- |
| Supervisor Name (print neatly): |  |
| Company Name/Place of Employment: |  |
| Company Address:  Street  City, State, Zip |  |
| Primary Phone Number: |  |
| Optional Phone Number: |  |
| E-mail Address: |  |

* The nature of my work is (check one):
  + Volunteer (60 hours/unit of credit)
  + Paid (75 hours/unit of credit)
* The grade breakdown for this course will be as follows:

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| --- | --- | --- |
| ***Assignment*** | ***Point***  ***Value*** | ***Points***  ***Recorded***  ***(To be completed by instructor)*** |
| Syllabus Review Document (this form) | 5 |  |
| Instructor Review of Contract Objectives | 5 |  |
| Completed Time Sheet, signed by Work Supervisor | 5 |  |
| Completed Contract, signed by Work Supervisor | 5 |  |
| Evaluation by Work Supervisor | 80 |  |
| Total | 100 |  |

* By signing below, I affirm that I fully understand the requirements and conditions of this course:

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| ***Student Signature*** |  | ***Date*** |