

Green Industry Co-op Project Outline

Description:

This Co-op allows students to learn and work in the field with Industry Professionals in all areas of the Green Industry. Students will complete a project designed and developed in collaboration with the Industry Professional and cooperating teacher. Upon successful completion students will earn Industry credentials and, at the school's discretion, academic credit may be awarded.

Process/Steps

Step 1: Student meets with Cooperating Teacher to discuss the industry credential area and Community Based Organization (CBO).

Step 2: Cooperating Teacher will schedule a 3 way meeting with CBO and student to review Co-op requirements, project assessment and dates.

Step 3: Student obtains required signatures (Parents, Administrator, & ELO Coordinator).

Step 4: Paper work is filed with ELO coordinator and copies made available to student and CBO.

Step 5: ELO mid-term progress and final assessment sign off.

Admissions Criteria: This Co-op is in partnership with the New Hampshire Landscapers Association (NHLA). Student must be employed by a member of the NHLA to receive both credit and industry credentials. You can find a local NHLA member by visiting the NHLA website. (<http://nhlaonline.org/>)

Admissions Characteristics: Specific personal characteristics can make the job of landscaping easier to obtain and keep. Because the work is physically strenuous, stamina to exert the body for several hours while standing, bending or stooping is necessary. Physical strength allows workers to carry heavy bags of fertilizer or soil, and to move rocks and fallen tree trunks, often over uneven terrain. You should be able to lift and carry a minimum of 60 pounds. Many groundskeepers work in groups, so good teamwork and cooperation are essential. Finally, workers must have self-motivation and the ability to operate independently because they may be isolated on a large property with little supervision. In general a person in this field would spend 66% or more conducting one or more of the following physical activities: standing, walking, sitting, Use Hands to finger, handle or feel, climb or balance, stoop, kneel, crouch, or crawl.

Assessment

Experiences will be designed to help students demonstrate competencies required to attain the target industry credential. (see **Measurable Goals As defined by NHLA on page 3**). Student will maintain a weekly field journal documenting their experience toward achieving these goals. Documentation can take the form of journal entries, observation, evidence of research, photographs, e-mails from CBO, etc.

Assessment happens at two junctures in the ELO experience: At mid-point and Final/Completion. Student performance is assessed, with a rating 1-4, with respect to each of the competencies within the sought after credential. Both the student and supervisor assign a rating on each measurable goal. The student must also write a short reflection on their performance.

Rating scale:

1= NO EXPOSURE;

2 = NOVICE (Information was covered in class, but student cannot demonstrate skill or knowledge without significant supervision);

3 = PROFICIENT (Student regularly demonstrates the knowledge or skill);

4= MASTERY (Student demonstrates successful completion of this skill numerous times without supervision.)

Co-op Signature Page

Credit Amount: _____

Credit Type: CTE Elective

ELO Topic: _____

Student Name: _____

School: _____

mail: _____

Phone: _____

Cooperating Teacher: _____

Email: _____

Phone _____

Co-op Approvals: (Signature indicates that I have read and approve of this Co-op as proposed)

Student: _____

Date: _____

Parent: _____

Date: _____

Administrator: _____

Date: _____

Co-op Teacher: _____

Date: _____

CBO: _____

Date: _____

Co-op Coordinator _____

Date: _____

Start Date: _____

Midpoint Date: _____

Project End Date: _____

To be signed at Mid-point progress and final

Mid-point progress report date: _____

Initials: _____

Satisfactory _____ **Unsatisfactory** _____

Comments:

Final Grade: Pass / Fail

Credit awarded _____

Micro Credential(s) awarded:



State of New Hampshire

Department of Labor

Ken Merrifield
Commissioner
Rudolph W. Ogden, III
Deputy Commissioner

VOCATIONAL COOPERATIVE EDUCATION PROGRAM Memorandum of Understanding

Hugh J. Gallen
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Spaulding Building
PO Box 2076
Concord, NH 03302-2076
603/271-3176
TDD Access: Relay NH
1-800-735-2964
FAX: 603/271-2668
<http://www.nh.gov/labor>
E-Mail :
InspectionDiv@dol.nh.gov

School *Print or Type* _____ **Employer** *Print or Type* _____
School FAX _____ **Employer FAX** _____
School E-Mail _____ **Student** *Print or Type* _____

This vocational education cooperative work experience (training) program has been approved subject to the terms of this agreement, including the following conditions:

1. The program is under the direct supervision of a full-time coordinator with adequate release time.
2. The signature will indicate approval of all parties involved.
3. The student-learner will be receiving instruction in an approved school and will be employed pursuant to a bona fide Vocational Cooperative Education Program in order to further his/her vocational education.
4. The student-learner will neither displace a regular worker now employed, nor substitute for a worker who would ordinarily be needed by the employer.
5. A schedule of organized and progressive work processes to be performed on the job has been prepared.
6. Safety instruction will be given by the school. While on the job, the student will receive safety instruction from and under the direct supervision of a qualified representative of the employing organization. Specific machines upon which he/she will work and other hazardous operations on which he/she will work are itemized.
7. The student –learner agrees to perform his/her duties in a loyal and faithful manner and to work for the best interest of all concerned.
8. This program may be terminated at any time by the high school vocational director, the coordinator, or the principal to assure the best interest of all concerned.
9. This program shall comply with all federal, state, and local laws and regulations.
10. If applicable, the waiver of hazardous occupation restrictions (New Hampshire Youth Employment Law Chapter 276-A :4,1) is granted when this agreement is approved by the Department of Labor.
NOTE: This exemption for employment of a student-learner may be revoked in any individual situation wherein it is found that reasonable precautions have not been observed for the safety of minors employed there under.
11. The employer agrees to furnish an evaluation of the student-learner’s progress, adaptability, and attitude approximately one a month. (Forms will be furnished by the coordinator).
12. “The employer and school assures that students will be accepted and assigned to jobs and otherwise treated without regard to race, color, national origin, sex, or handicap.”

***** Submit completed form to mailing address. E-mail address, or FAX listed above *****

For Office Use Only:

NHDOL Authorization <input type="checkbox"/> YES <input type="checkbox"/> NO, Reason for rejection _____					
_____ Dated Signed	_____ Department of Labor Authorized Signature				
<table border="1"><tr><td>Returned via:</td><td>Fax</td><td>USPS</td><td>Email</td></tr></table>		Returned via:	Fax	USPS	Email
Returned via:	Fax	USPS	Email		

This program, as set forth in the Memorandum of Understanding, has been reviewed by the New Hampshire Department of Labor for compliance with New Hampshire labor laws. The hazardous occupations restrictions, if any, are hereby waived during the hours of training as stated herein.

INFORMATION SECTIONS: All signatures indicating approval must be affixed. Please print or type

SCHOOL CONDUCTING PROGRAM

Name: _____

Address: _____

E-mail address of contact person: _____

Type of Program: _____ # of minutes of Related Instruction Weekly: _____

Print Teacher/coordinator Name

Signature

Co-op coordinator's signature, if applicable

STUDENT-LEARNER SECTION

Print Name

Signature

Address: _____

Telephone #: _____ Grade Level: _____ Date of Birth: _____

Occupational Objective: _____ SS #: _____

Hours in School Daily: _____ # Hours Employment Daily: _____

Print Parent/Guardian's Name

Parent/Guardian Signature

EMPLOYER SECTION

Name of Establishment: _____ Fed. ID# _____

Address: _____

E-mail Address: _____

Kind of Business: _____ # of employees _____ Telephone: _____

Beginning Date of Employment: _____ Anticipated Date of Ending Employment: _____

Starting Hourly Rate of Pay: _____ Potential Hourly Rate of Pay: _____

As the employer, I am:	Subject to the provisions of the Fair Labors Standards Act	Yes	No
	Subject to the provisions of the State of NH Minimum Wage law	Yes	No
	Covered under the provisions of the Workers' Compensation Act	Yes	No
	Subject to the Unemployment Compensation Act	Yes	No

Print Employer Name

Employer Signature

TOPICAL OUTLINE of on-the-job operations the student
will experience: _____

MACHINE TO BE OPERATED, or hazardous occupation:

If hazardous, attach sheet of explanation of work and equipment used.
Hazardous work is incidental to training, intermittent and for short periods of time.