

College of the Desert
Cooperative Work Experience Education
Grading Scale for Instructors

(Work Experience Instructors: Please complete this tally sheet throughout the semester and return it in the student's folder to the Work Experience Office by Friday before finals week)

Student: _____

Semester/Year: _____

Point Earning Class Requirements	Total Points Possible	Total Points Earned
Orientation: with the Work Experience Coordinator <i>(on time and attentive)</i>	25	
1st Counseling Session: Create at least three ideas for objectives for the student to present to his/her supervisor as options before the first job-site visit. Student arranged, kept, and was on time <i>(with Work Experience Instructor)</i>	25	
2nd Counseling Session: Discuss progress on objectives and upcoming deadlines. Student arranged, kept, and was on time <i>(with Work Experience Instructor)</i>	25	
Personal Development Assignment: Resume Workshop and Resume –OR– Personality Inventory and 2-page Summary what was learned about self	75	
Term Paper: <i>(on time, typed, 1-2 pages, discussing objectives & accomplishments)</i>	75	
Employer/Supervisor's Rating: Learning objectives total	75	
Employer/Supervisor's Rating: SCANS competencies and foundation skills	40	
Student's Rating: Learning objectives total	75	
Subtotal		
Points subtracted for all missed deadlines		< >
Total	415	

Grade vs. Points Scale

A	415 to 373 points	(90%)
B	372 to 332 points	(80%)
C	331 to 290 points	(70%)
D	289 to 249 points	(60%)
F	248 points & below	(50%)

Hour Requirement Per Unit

Course Prefix	Number of Units	Paid Hours	Non-paid Hours
95A	1	75	60
95B	2	150	120
95C	3	225	180
95D	4	300	240
95E	5	375	300
95F	6	450	360
95G	7	525	420
95H	8	600	480

Hours Worked/Volunteered

Timecards	Hours
1 st Month	
2 nd Month	
3 rd Month	
4 th Month	
5 th Month	
Total Hours	

End-of-Term Grade and Contact Documentation

Student Cooperative Work Experience Education Confirmed For:

Number of Employer Contacts (2): _____

General (WEG) _____ or Occupational (i.e. ECE, OH) _____

Number of Student Contacts (2): _____

Paid _____ or Non-paid _____

Circle Final Grade: **A** **B** **C** **D** **F**

Circle Number of Credits: **1** **2** **3** **4**

Work Experience Instructor's Signature (Faculty)

Date

10/27/2011 MAR