

GUAM COMMUNITY COLLEGE
WORK EXPERIENCE PROGRAM
 GRADING RUBRIC/CHECKLIST (effective Summer 2019)

Hafa Adai and Welcome to an exciting adventure!

Listed below are the expectations for a successful training or co-operative education experience:

	ITEMS (used for grading)	POINTS	√
1.	Daily Journal <ul style="list-style-type: none"> • Turn in weekly to your human resources manager or WE coordinator. Keep track of the number of hours worked per day/week (keep a copy for your records). • Describe your learning experiences. Be descriptive! 	100	
2.	Rating Sheet & Employer-issued grade (Employer's Evaluation Form) <ul style="list-style-type: none"> • Must be completed for each 90 hours of work. 	150	
3.	Rating Sheet Attendance <ul style="list-style-type: none"> • 10 points deducted for each day of unexcused absence. • 5 points deducted for each time late to work. 	20	
4.	Prepare a Powerpoint with photos (email to WE coordinator within 10 days upon completion of your training- only ONE report for entire summer) to include: <ul style="list-style-type: none"> • Your name, employer(s), your position(s), start/end date, total hours worked. • Describe three or more skills you have learned from your position. • Develop a training checklist for your position(s). • Describe how you have grown in dealing with people: customers, colleagues, and supervisors. • Explain what changes you would make at your work site. • Describe your most memorable experience at work. • Describe how your work impacted your perception of your industry. • Give a brief local history and description (facilities/services) of your company. Provide name your general manager and department head. • Compile a list of 3 local competitors (name, address, contact, and Gen Mgr.) 	110	
5.	Student Survey (upon completion of training, email to WE coordinator)	20	
6.	Contact WE Coordinator weekly & at the end of training; be timely with submissions	50	
7.	Thank you email (to your employer with a cc to coordinator within 3 days of last day)	50	
	FINAL GRADE (Average of totals)*will be submitted by the end of 1st semester	500	

Elective credits awarded according to the number of hours worked:

90 hours = 0.5 credit; 180 hours = 1.0 credit; 270 hours = 1.5 credits Note: students may switch positions or departments or employer after every 90 hours; students must not exceed 40 hrs. per week.

- Expectations:
- Commitment (Don't give up easily; set goals & finish them).
 - Communicate (Don't be shy, ask questions, speak clearly, keep in touch).
 - Positive Attitude (smile, have good eye contact, eager to learn).
 - Be professional (Dress appropriately for work, be on time).
 - Training & documents must be completed by **8/2/19** or earlier.

WE Coordinator: _____, email: _____;

Website: gccworkexperienceprogram.weebly.com (for forms, photos, samples of reports). Revised 5/19.

Note: Any dispute for final or Incomplete grade must be resolved within the first semester (fall) after summer work experience.

**GUAM COMMUNITY COLLEGE
WORK EXPERIENCE PROGRAM
SELF-EVALUATION**

Create a PowerPoint presentation (must include photos) at the end of your work experience program and email to your Work Experience Coordinator within 10 days from your last day:

Make sure you have the following information in the first page: your name, your position(s), start and end date of your work experience and total hours worked, name of your training site/s (employer/s).

PROFESSIONAL/TECHNICAL DEVELOPMENT

- List three or more skills which you either learned/practiced for the first time or in which you gained confidence through repetition from the work site.
- Create a training checklist for your position (if you were to train a new employee for your position/s).
- List changes for your work site and explain your rationale.

PERSONAL DEVELOPMENT

- Describe how you have grown in dealing with others (customers, coworkers, supervisors).
- Describe how your work experience impacted your attitude and perspective towards the industry? Why is this industry important to Guam's economy?

FIRM'S HISTORY

- Write a brief history of your local employer (i.e., who started the firm on Guam, when, under what circumstances? How many employees? List the different departments in the company. Describe the firm's facilities and services).
- Provide the name of your general manager and your department head.

COMPETITIVE ORGANIZATIONS

- Compile a list of at least three on-island competitors who employ people in your position. Include the company name, address, the phone number, web site and the name of the general manager of the company.

**GUAM COMMUNITY COLLEGE
P.O. BOX 23069 GMF, GU 96921**

GCC WORK EXPERIENCE PROGRAM

WEEKLY JOURNAL REPORT

Student Name: _____ Employer: _____ Week #: _____

Day/Date	Time In	Time Out	Hours Worked	Name of position/main tasks & responsibilities
Sun Date:				
Mon Date:				
Tues Date:				
Wed Date:				
Thurs Date:				
Fri Date:				
Sat Date:				
		TOTAL HOURS:		Note: do not exceed 40 hours per week

I certify that the above time report is a true statement of the hours worked for this period.

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Student's Signature Date

Supervisor's Signature/Name & Title

Note to Intern: Always keep a copy of your journals before you submit (Xerox or take a photo with your cell phone)



SUMMARY OF WEEK'S WORK

(If you need more space, please use the back of this paper)

1. Describe the work you performed this week:

2. What new skills, procedures, or work issues did you learn from your work this week?

3. What challenges or problems did you encounter? How did you handle or resolve these situations?

4. Describe an interesting experience you had this week (with customers, supervisor, or colleagues)

GUAM COMMUNITY COLLEGE
WORK EXPERIENCE PROGRAM
EVALUATION FORM/RATING SHEET

STUDENT:

CTE PROGRAM:

EMPLOYER:

POSITION: WE Trainee

EVALUATION IS GIVEN UPON COMPLETION OF **EVERY 90 HOURS**.

BEGINNING DATE: _____ ENDING DATE: _____ EVALUATOR: _____

Please <input checked="" type="checkbox"/> Training Block	First 90 hours:	Second 90 hours:	Third 90 hours:
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EMPLOYER'S EVALUATION OF STUDENT'S ON-THE-JOB TRAINING:
 (Your input enables us to provide better instruction and counseling for the student.)

Please rate the following factors as:

(0) Not Applicable (1) Poor (2) Fair (3) Average (4) Good (5) Excellent

PERSONAL APPEARANCE	0 1 2 3 4 5	POSITIVE ATTITUDE & ENTHUSIASM	0 1 2 3 4 5
COURTESY & RESPECTFUL	0 1 2 3 4 5	COMMUNICATIONS	0 1 2 3 4 5
FOLLOWS INSTRUCTIONS	0 1 2 3 4 5	INITIATIVE	0 1 2 3 4 5
JOB QUALITY & ACCURACY	0 1 2 3 4 5	PRODUCTIVITY	0 1 2 3 4 5
DEPENDABILITY	0 1 2 3 4 5	TIME MANAGEMENT/ATTENDANCE	0 1 2 3 4 5

UNEXCUSED ABSENCE: _____ **EXCUSED** ABSENCE: _____ TIMES LATE TO WORK: _____ # OF HRS WORKED _____

Student's Strengths: _____

Student's Areas for Improvement: _____

Overall percentage grade you award this student is _____ %

90-100% = A; 80-89%= B; 70-79%= C; 60-69% = D; 59% & below = F

NOTE: Please review this evaluation with the student, sign and return to Work Experience Coordinator

DATE _____ TRAINEE'S SIGNATURE _____ EVALUATOR'S SIGNATURE (Print Name & Title) _____
 Revised June 2018

GUAM COMMUNITY COLLEGE
WORK EXPERIENCE PROGRAM
STUDENT SURVEY

NAME: _____ Employer: _____

Date: _____

We seek your feedback about your Work Experience Program. When you are finished with your survey, please email to your Work Experience Coordinator.

Use the following scale to respond to the question below (please underline or circle your answer):
 1 = Not satisfied at all, 2 = somewhat dissatisfied, 3 = Satisfied, 4 = Very satisfied,
 5 = overwhelmingly satisfied

1. How satisfied are you with the training you received from your employer? 1 2 3 4 5

2. Would you recommend this employer? Yes/No

3. What did you like most about your internship?

4. What did you dislike most about your internship?

5. Name an associate/supervisor/manager who made a positive impact on your internship:

6. What is your evidence you kept in touch with your Work Experience Coordinator?

Week #/Date	Method (WhatsApp, email, telephone, etc.) and comment
1	
2	
3	
4	
5	
6	

THANK YOU FOR PARTICIPATING IN THIS SURVEY.

Format of a thank you letter or email to employer:

Date

Hafa Adai Mr. or Ms. _____,

In your first paragraph, please start off with a sincere thank you and appreciation for this wonderful opportunity to do your training with your employer. State where you worked, name of your position, and total hours completed. Describe how this training is relevant to your major or program of study.

For your second paragraph, go into detail about the skills you learned and how you applied them at work. Talk about your trainer/supervisor and your training environment. Describe your most memorable experience at work, and any challenges you overcame. Please mention why you appreciate your employer and why your employer is outstanding in the industry. You can describe what you like about the company's culture and your observations about how associates and customers are treated.

In your conclusion, give another thank you for training you. If you have a desire to work for this employer, please state it. Add anything else you want the employer to know how you felt.

Sincerely,

First & Last name