2015/16

CO-OP WORK PLACEMENT

LARC 570 (3) Co-op Work Placement
The Co-op Work Placement provides an opportunity for students to earn academic credit for relevant work experience outside the University of British Columbia. A Co-op Work Placement is a three-way partnership among the student, the agency/firm and the Landscape Architecture Program. For most students, the Co-op Work Placement satisfies elective credit.

OBJECTIVES:
- to develop professional capabilities and landscape architecture knowledge through applied professional work experience;
- to develop design, design development and contract documentation knowledge and skills;
- to prepare students to enter the professional context with exposure to office procedures and practices;
- to strengthen the connections between the academic and professional communities.

CRITERIA:
- Students are encouraged to seek work placements with firms or agencies whose areas of work are closely related to the student’s areas of interest;
- The duration of the Co-op Work Placement should be equivalent to full time for a period of four months;
- Most landscape architecture firms will require interns to have functional skills in CAD. Other computer-based skills are considered a valuable asset.

MAXIMUM CREDIT:
- Maximum credits for LARC 570 toward the degree is 6.
ARRANGING THE CO-OP WORK PLACEMENT

- It is the student’s responsibility to locate a suitable position. The Faculty Supervisor will assist in identifying appropriate kinds of work experiences;
- It is recommended that the student contact the agency/firm to schedule time for an interview at least eight weeks prior to the beginning of the term in which the work placement will take place;
- After the employer has committed to the work placement, the student meets with the employer and develops preliminary objectives; and
- The Faculty Supervisor, student and employer complete placement by ratifying the Co-op Work Placement Agreement Form.

FORMULATING THE AGREEMENT

The student and employer should work together in creating the Co-op Work Placement Agreement. The student is expected to outline goals for the work placement that are relevant to his or her academic objectives. In consultation with the employer, the student then describes the work required to fulfill his or her objectives. This outline will form a work program.

The Co-op Work Placement Agreement should describe; (1) the position title; (2) The learning objectives; (3) the anticipated job description including specific projects or assignments; (4) the learning opportunities that are provided by the agency/firm; (5) The work placement duration and hours/week (6) the schedule including start date, dates for the mid-term and final evaluations and expected completion dates.

The Co-op Work Placement Agreement represents a formal understanding on the part of the participants to take part in a teaching and/or learning exercise of mutual benefit to all parties. The Landscape Architecture Program can assume neither responsibility nor liability for any work (complete or incomplete) undertaken by the student in the course of his or her Co-op Work Placement.

RESPONSIBILITIES

FACULTY SUPERVISOR:
- Discusses with the student his or her academic objectives;
- Approves the student’s choice of agency placement;
- Helps the student to develop the Agreement that integrates his or her goals with those of this course outline;
- Reviews and approves the following:
  A. The Co-op Work Placement Agreement
B. The Mid Term Evaluation prepared by the agency/firm to determine the student's performance thus far;
C. The final self-evaluation report prepared by the student at the end of the Work Placement that satisfies the academic standards of the Program;
D. A Final Evaluation prepared by the agency/firm that evaluates the student’s performance; and
E. An Assessment form that evaluates the Co-op Work Placement (by the Faculty Supervisor).

• The Faculty Supervisor assigns the student a grade for the Work Placement in consultation with the agency and submits it to the Landscape Architecture Office.

STUDENT:
• Consults with a Faculty Supervisor to formulate academic goals that can be discussed with the agency during the interview;
• Makes initial contact with the agency or firm and provides materials to explain the educational objectives, appropriate experiences and expectations of the Work Placement;
• Develops, with the assistance of the Faculty Supervisor and the employer, a Co-op Work Placement Agreement outlining objectives, evaluation dates, and expected completion dates) and has it endorsed by all parties;
• Submits the completed Agreement forms to the Landscape Architecture Office prior to the start of the Co-op Work Placement *;
• Learns about and acts in a manner consistent with the agency/firm “culture” and its commitment to a high level of service;
• Learns about and adheres to agency/firm regulations regarding confidentiality and public access to information;
• Maintains a journal documenting the Co-op Work Placement experience. The journal should be completed each day recording tasks accomplished; events attended; issues or problems that needed resolution; lessons learned. Submits the journal for review to the Faculty Supervisor with the final report. (The journal will be returned.)
• Requests face-to-face evaluation meetings with the Agency Supervisor at the mid-term date and prior to the conclusion of the Work Placement. Provides the Agency Supervisor with the evaluation forms one week in advance of the face-to-face meeting and submits the signed evaluation form to the Landscape Architecture office.
• Submits a self-evaluation report to the Faculty Supervisor at the conclusion of the work placement. The report should summarize the nature of the job and work tasks completed. It must include a self-reflective evaluation of the learning experiences with explicit reference to the learning objectives in the Agreement. It must include
examples of the most important work products completed by the student with brief explanation of responsibilities.

- Participates in a review of all Co-op Work Placements. This review will be organized by the program. *** Keep 11 x 17” work samples throughout work placement for display at this review.

* Credit may not be obtained for work experience if the Co-op Work Placement Agreement is not on file in the Landscape Architecture Program office prior to the start of the work.

**EMPLOYER:**

- Provides the student with realistic, challenging assignments that facilitate learning (students should not be conducting work of a clerical nature);

- Helps the student learn about the agency/firm “culture” and adjust to the workplace;

- Informs the student about the agency/firm regulations regarding confidentiality and public access to information;

- Provides the student with ongoing feedback about his or her progress;

- Meets with the student at the mid-term and prior to the conclusion of the Work Placement to provide honest and constructive evaluation of work and performance. Completes the written Mid-Term Evaluation and Final Evaluation of the student for submission to the Landscape Architecture Program.

- May participate in assigning the student a grade for the Co-op Work Placement.

**REMUNERATION**

The agency/firm is encouraged to provide remuneration to the student for work performed at fair market rates, unless the student expressly requests otherwise.

**OWNERSHIP OF RESEARCH**

The agency/firm retains ownership of the work products completed, however the student must be allowed to use the products completed (with appropriate credit given) in his/her final report, review of the Co-op Work Placements, and in his/her portfolio of work. Publication and other use of information are subject to the agency’s/firm’s confidentiality policies. Acknowledgement is subject to the agency’s/firm’s standard practices with respect to staff and consultant reports. Neither the student, the agency, nor the Landscape Architecture Program will attribute the products to any other parties without prior agreement.
TERMINATION OF AGREEMENT

All parties have the right to terminate the Co-op Wok Placement Agreement for any cause, subject to discussion between the student, Faculty Supervisor, Agency Supervisor and agency management.
CO-OP WORK PLACEMENT AGREEMENT
(To be completed by the student)

STUDENT INFORMATION:

Student Name: _________________________ Student Number: ____________

COURSE INFORMATION:

Course Name: LARC 570 (3) Co-op Work Placement

AGENCY/FIRM INFORMATION:

Name of Agency/Firm: ______________________________________________________
Name of Supervisor: _______________________________________________________
Agency Address: ___________________________________________________________________
Telephone: ___________________________ Email: ___________________________

OUTLINE OF PROJECT:

The student will develop a project in agreement with the Faculty and Agency/Firm Supervisors as outlined below:

Attach a one-page proposal including the following information:

- Co-op Work Placement learning objectives
- Outline of anticipated job description including specific project or assignments
- Learning opportunities provided by the Agency
- Co-op schedule including number of hours per week

The Faculty and Agency Supervisors will provide guidance to facilitate the student’s achievement of these objectives.

CO-OP WORK PLACEMENT AGREEMENT PAGE 1/2
**SCHEDULE:**

The student agrees to maintain the following schedule and the Faculty and Agency Supervisors agree to monitor the progress:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>Co-op Work Placement Start Date</td>
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<tr>
<td>Mid-term Evaluation Date</td>
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<td>Completion Date</td>
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<td>Final Evaluation</td>
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<td>Submission Date of Final Report/Paper</td>
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<td>Post-work placement Assessment</td>
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<tr>
<td>Submission of Final Grade</td>
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We agree to abide by the conditions described above.

_________________                   ___________________         _______________
Student Name                   Signature                        Date

_________________                   ___________________         _______________
Agency/Firm Supervisor           Signature                        Date

_________________                   ___________________         _______________
Faculty Supervisor               Signature                        Date

The student must return this form along with the attached one page proposal to the Landscape Architecture Office. For registration purposes the student must complete and submit these forms to receive credit for a Co-op Work Placement.
CO-OP WORK PLACEMENT MID-TERM EVALUATION  
(To be completed by the employer)

The Mid-Term Evaluation provides a description of the student’s performance up to the midpoint. It also provides the student with an assessment of his or her abilities and overall performance and areas to work on. After the employer and the student review this evaluation together, the student should sign and forward it to his or her Faculty Supervisor.

AGENCY/FIRM INFORMATION:

Name of Agency/Firm: ______________________________________________________

Name of Supervisor:  _______________________________________________________

Agency/Firm Address:  ____________________________________________________

Telephone:  __________________________ Email:  ______________

Describe the student’s overall performance, including any particular strengths, and note areas for further development.

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Agency Supervisor ___________________________ Signature ___________ Date ___________

Student ___________________________ Signature ___________ Date ___________

Faculty Supervisor ___________________________ Signature ___________ Date ___________
CO-OP WORK PLACEMENT FINAL EVALUATION
(To be completed by the Agency/Firm Supervisor)

The Co-op Work Placement Final Evaluation provides a description of the student’s overall performance. It also provides the student with an assessment of his or her abilities and overall performance and suggests areas for improvement. The Agency/Firm Supervisor should complete this form by the date specified on the Agreement form. After the employer and the student review this evaluation together, the student should sign and forward it to his or her Faculty Supervisor.

AGENCY/FIRM INFORMATION:

Name of Agency/Firm: _______________________________________________________
Name of Supervisor: _______________________________________________________
Agency Address: ___________________________________________________________
Telephone/Email: _______________________________________________________

Comment on the student’s overall professional conduct and competence in dealing with challenging situations.

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________________________________________________________________________

Describe the student’s ability to communicate both orally and in writing.

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the student’s competency and level of preparedness in performing the tasks assigned by the agency.

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________________________________________________________________________
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________________________________________________________________________
Outline the primary strengths of the student relevant to his or her future involvement in the profession.

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Note areas in which the student should gain further experience.

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Additional comments:

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________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Agency/Firm Supervisor  Signature  Date

Student  Signature  Date

Faculty Supervisor  Signature  Date
POST-WORK PLACEMENT ASSESSMENT
(To be completed by the Faculty Supervisor)

STUDENT INFORMATION:

Student Name: ______________________ Student Number: ____________

AGENCY/FIRM INFORMATION:

Name of Agency/Firm: ________________________________________________
Name of Supervisor: _________________________________________________
Agency Address: _____________________________________________________
Telephone/Email: _____________________________________________________

GRADE REPORT:

GRADE: _______ %

COMMENTS (OPTIONAL):

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Faculty Supervisor __________________ Signature __________ Date __________

2015-08-28