

# GASTON COLLEGE

## Work-Based Learning Veterinary Technology Workbook

Student's Name \_\_\_\_\_

Semester \_\_\_\_\_ 20 \_\_\_\_\_ Course: WBL 112-18

Faculty Coordinator \_\_\_\_\_ Grade \_\_\_\_\_

Employer \_\_\_\_\_

On-site Supervisor \_\_\_\_\_

Supervisor Email Address \_\_\_\_\_

Company Address \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

*Completed Workbook due to Faculty Coordinator by*

\_\_\_\_\_

### **Accreditation**

Gaston College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404.679.4500 for questions about the accreditation of Gaston College. The Commission on Colleges should be contacted only on matters related to the accreditation status of Gaston College and not for general college information.

### **Equal Opportunity/Affirmative Action**

Gaston College is committed to equal opportunity in employment and educational programs and activities and does not discriminate against current or potential employees or students on the basis of race, color, religion, sex, national origin, age, or disability. Gaston College supports protections under all applicable state and federal laws including, but not limited to, the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008.

Inquiries regarding equal opportunity should be directed to: Chief Administrative Officer (Employees) or Vice President for Student Affairs and Enrollment Management (Students), 201 Highway 321 South, Dallas, NC 28034 or call 704.922.6200.

# Gaston College Work-Based Learning Work Agreement

The following statements constitute the agreement on which participation in the Work-Based Learning Program at Gaston College is based:

## Placement and Employment Procedures

Gaston College and the WBL employer agree to observe placement procedures and employment practices which conform to all federal, state, and local laws and regulations (including nondiscrimination toward any participant or employee because of race, color, religion, sex, veteran's status, handicap, or national origin).

## College Responsibilities

- Assess the student's skills, capabilities, and career objectives.
- Refer the student to interested employer(s).
- Provide consultation and coordination service between the student, the employer, and the College.

## Faculty Coordinator Responsibilities

- Assist the student and/or supervisor in establishing MLO's.
- Visit the worksite to ensure safety and quality of WBL experience.
- Conduct either 1 on-site and 3 phone/e-mail contacts OR 2 on-site and 1 phone/e-mail.
- Enter student hours in Web Attendance.
- Check student workbook for completion.
- Solicit employer input for grading purposes.
- Make an appointment to submit completed workbook to WBLP office.
- Determine a grade for the WBLP experience and award college credit based on the student's performance and completion of required documentation.

## Employer Responsibilities

- Provide meaningful and challenging work for the student which is closely related to the student's academic program of study.
- Provide a minimum of 320 hours of employment per semester depending on course credit assigned.
- Provide job description and ensure that duties remain in accordance with the job description.
- Provide thorough supervision of student employee.
- Assist the student in Meeting Measurable Learning Objectives (MLO's).
- Permit on-site visits by a Gaston College representative(s).

- Notify the Work Based Learning Office at least one week before any action which might result in the termination or change of employment status of the student.
- Encourage the student to continue his or her higher education to completion.
- Pay WBL student at a level consistent with regular employees in a similar training situation unless volunteering.
- Provide the WBL student a safe working environment and Worker's Compensation Liability Insurance during the training period or if volunteering, student should sign a release form.

## Student Responsibilities

- Report punctually and regularly for work.
- Strive to do the best job possible for the employer.
- Conduct yourself at all times in accordance with the employer's work rules.
- Notify the employer promptly if unable to work for any reason.
- Complete Measurable Learning Objectives (MLO's) in conjunction with on-site supervisor and Gaston College faculty coordinator.
- Maintain a minimum 2.0 GPA or Work-Based Learning Office approval.
- If withdrawal from program occurs, the student should return the workbook to his/her faculty coordinator with up-to-date information. (This should include the Work-Based Learning Work Agreement, MLO's, time report, and/or supervisor's evaluation.)

## Statement of Cooperation

I fully understand the responsibilities of all parties involved in this Work-Based Learning Agreement and shall make a sincere and reasonable effort to make this a successful learning experience.

Student \_\_\_\_\_

On-site Supervisor \_\_\_\_\_

Faculty Coordinator \_\_\_\_\_

# Veterinary Technology

## WBL Measurable Learning Objectives

Measurable Learning Objectives (MLO's) are goals that a student plans to accomplish by the end of the semester. The MLO's must be directly related to the student's classroom studies and enhance the student's creative, problem solving, and technical skills as well as personal improvement. Credit is granted for learning that occurs as a result of working and not for actual **work done** on the job. Learning objectives are the most effective method to assess the extent and value of this type of learning.

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Student's signature

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On-site supervisor's signature

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Faculty Coordinator's Signature

**AT THE END OF THE SEMESTER**, your supervisor will evaluate how well you accomplished each of the objectives by **assigning a percentage figure (0% -100%)** in the column provided below.

<b>By the end of the semester, I will accomplish the following objectives as rated by my on-site supervisor.</b>	<b>On-site Supervisor's Rating (%)</b>
1. Office and Hospital Procedures/Client Relations	
2. Pharmacy and Pharmacology	
3. Examination Room Procedures	
4. Surgical Preparation and Assisting	
5. Large and Small Animal Nursing	
6. Laboratory Procedures	
7. Radiology and Ultrasound Imaging	
<b>On-site Supervisor's initials</b> <b>Date</b>	
<hr style="display: inline-block; width: 250px; vertical-align: middle; margin-right: 20px;"/> <hr style="display: inline-block; width: 100px; vertical-align: middle;"/>	

## Employer Final Evaluation of WBL Student

Name of Student: \_\_\_\_\_

This form must be completed by the WBL on-site supervisor/employer. Please evaluate the student objectively, comparing him or her with other students of comparable academic work or with other personnel assigned similar jobs, or with individual standards. Please check each box that applies to your WBL student.

<b>Evaluation Criteria</b>	<b>Exceptional</b>	<b>Very Good</b>	<b>Average</b>	<b>Marginal</b>	<b>Not Applicable</b>	<b>Comments</b>
Relationship with others						
Judgment						
Ability to learn						
Communication skills						
Teamwork						
Dependability						
Quality of work						
Leadership ability						
Attitude						
Punctuality						
Attendance						
Potential for greater responsibility						

Describe the WBL student's strengths \_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

**Reminder: Go to page 4 and complete the percentages for MLO's**

Signature of WBL On-site Supervisor/Employer \_\_\_\_\_

Student's Signature \_\_\_\_\_

## Time Report

It is the student's responsibility to provide an accurate time report. Before academic credit can be granted, **ALL SIGNATURES** are required. Your attendance is recorded on the time report and signed by you and your immediate on-site supervisor. If this is not done correctly, a grade of "I", "F", or "X" will be given. Time sheets must be sent to faculty coordinator and *WBLP@gaston.edu* weekly via email, fax or in person.

**Student's name (print)** \_\_\_\_\_ **Total work hours** \_\_\_\_\_

Please use the following measurements to record your work hours: .25=15 minutes, .50=30 minutes, and .75=45 minutes.

Month _____, 20____								
Week Worked	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Total Hours Worked
<b>Total</b>								

Month _____, 20____								
Week Worked	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Total Hours Worked
<b>Total</b>								

Month _____, 20____								
Week Worked	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Total Hours Worked
<b>Total</b>								

Month _____, 20____								
Week Worked	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Total Hours Worked
<b>Total</b>								
<b>Grand Total</b>								

I certify that the above time report is an accurate statement of the hours worked.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Supervisor's Signature

## Student's Self-Evaluation

Please evaluate your WBL work experience. This information will be used to evaluate the position. It is for **WBL office use only** and will **not** be seen by employers.

**Name** \_\_\_\_\_

**Job Title** \_\_\_\_\_

Explain how your Work-Based Learning experience has improved your ability to work in your area of study. List skills you have learned or improved.

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During this Work-Based Learning experience, describe a specific learning experience related to your MLO's that was helpful.

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Describe any significant positive or negative experience(s) that helped you learn something important.

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Describe how your supervisor/employer helped you during your Work-Based Learning experience?

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Was your Gaston College Faculty Coordinator available to you during your Work-Based Learning experience to answer questions or address your concerns? How did your Faculty Coordinator help you during your work experience?

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Were you hired by your Work-Based Learning employer after you completed your work experience?

Yes       No

\* This was my employer before I started my work experience.       Yes       No

If no, Would you accept a position with this employer after graduation?       Yes       No

Would you recommend this position for other WBL students?       Yes       No

How can the WBL staff improve its service to student?

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Overall, were you satisfied with your Work-Based Learning experience?       Yes       No

Do you have additional comments?

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Student Signature: \_\_\_\_\_

## Faculty Coordinator

**Please make sure the following areas have been completed:**

- Signatures of the student, on-site supervisor, and you.
- Attendance (total hours) assessment.
- Visitation form with dates and comments.
- Mid-term Evaluation Assessment.
- Employer Evaluation.
- Student Self-Evaluation.

Comments:

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\_\_\_\_\_  
Final Grade

\_\_\_\_\_  
Faculty Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WBL Representative Signature

\_\_\_\_\_  
Date