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FIELD EXPERIENCE APPLICATION

Date: _____________________________

Student’s Name: ___________________________________________ Student Number (Cougar ID): _____________________________

Home Address: ________________________________________________

City: __________________________________ State: __________________ Zip: __________________

Phone (best to contact you): (_______) __________________________ Email: _____________________________________________

I am applying for enrollment in LAND 2900, Landscape Design and Management Field Experience Program. The LAND 2900 coordinator has explained: the purpose, course requirement, the agreement, and the records sheets to be used during my field experience.

______________________________________________________________
Student Signature

______________________________________________________________ has my permission to enroll in LAND 2900 for three hours of credit, Semester 20 _______.

______________________________________________________________
Field Experience Faculty Signature
GENERAL STATEMENT OF GUIDELINES

Field Experience has proven to be a very effective method for providing a complete educational experience for students. Each field experience must be educational to be beneficial. The Field Experience class is perceived as a joint effort between students, employers, and the College.

1. The student has two options when considering a Field Experience:
   a. Field Experience in the industry for one semester or more (480 minimal total hours)
   b. On-the-job practicum or internship. Priority will be given to those students, who by means out of their control find it impossible to earn credit via option a. Experience can be earned on the job over a period of time, while a student is actively enrolled at Columbus State.

2. A Field Experience Contract shall be completed by the prospective employer with appropriate signatures of student, employer, and field experience faculty. (Copies to be given to all three participants.)

3. Each party (student, employer, College) shall abide by the terms as stated in the contract and complete all required correspondence.

4. Each student will complete a project, mutually agreeable to the student, employer, and field experience faculty.
OUTLINE OF RESPONSIBILITIES

College Responsibility:

The College actively seeks and posts, within the department, field experience opportunities with private industries, governmental agencies, consulting companies and service organizations. Most importantly, the College seeks to prepare students for field experience or job positions. In addition to these two major responsibilities, the College recognizes other supporting responsibilities. They are:

1. Orient students by means of a pre-field experience counseling on the Field Experience course and its requirements. Each student will be required to attend one advising session prior to the Field Experience course. This advising will be done by the LAND 2900 faculty member. It is the student’s responsibility to schedule this orientation.

2. Work closely with prospective organizations in their efforts to recruit students for employment.

3. Direct students to potential work experience or job interview by means of departmental posting.

4. Develop and maintain a close working relationship between students, employers, and the College.

5. Review and evaluate job performance of the student by written correspondence, project evaluation, and a minimum of one on-site visit. (Subject to student location and operating budget.)

Field Experience Employer Responsibility:

1. Final selection of student field experience applicants and job training and supervision.

2. Provide an opportunity for the student to “learn” about the organization and to observe management decision making through a variety of experiences, as outlined in the contract.

3. Develop a tailored work/education program as early as possible during the field experience period. (This may be done in conjunction with the LAND 2900 faculty.)

4. Keep communications open between the student, supervisor/management and the College.

5. Furnish the College with written evaluations of the student.
**Student Responsibility:**

A field experience student must agree to employment upon terms established by the employer and the course credit requirements established by Columbus State Community College. The student shall agree to:

1. Turn in a resume, field experience application to the College and also complete the appropriate paperwork as required by the employer.

2. File with the employer and the LAND 2900 faculty a copy of the field experience contract as provided by the College.

3. Serve for the duration of the field experience.

4. Accept normal work assignments that, by their nature, are diverse and flexible (according to the work/education program).

5. Cause no disruptions and refrain from any activity that would create dissatisfaction among employees.

6. Must attend or submit the following to the College:
   a. Pre-field experience advising.
   b. A 7-day evaluation report.
   c. A project proposal to accompany the 7-day report.
   d. The observation reports of the field experience.
   e. Complete the post-field experience requirements.
FIELD EXPERIENCE CONTRACT

Student’s Name: ________________________________________________________________

Student’s Mailing Address (Home): __________________________________________________

City: __________________________ State: __________________________ Zip: ____________

Student’s Phone (Home): (_____) ______________________ Email (Home): ________________

Student’s Mailing Address (Work): __________________________________________________

City: __________________________ State: __________________________ Zip: ____________

Student’s Phone (Work): (_____) ______________________ Email (Work): ________________

Employer (Organization Name): ____________________________________________________

Supervisor’s Name and Title: ______________________________________________________

Employer Mailing Address: _________________________________________________________

City: __________________________ State: __________________________ Zip: ____________

Employer Phone (Work): (_____) ______________________ Email: _______________________

Dates of Employment: __________________________ to __________________________

Student Advisor: ________________________________________________________________

Activities in which student will participate. Please present as much information as possible. (Use an extra page if necessary.)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Approximate Daily Hours of Work: _________ a.m. to _________ p.m. Days Per Week: ______________

A remuneration employer is to pay this student $ __________ per Hour/Week/Month.

The undersigned agree to conform to this agreement and two weeks notice should be given to all three parties before this agreement is terminated. The field experience information is part of this agreement.* Signed:

Approved by Employer __________________________________________ Date ______________

Approved by Student __________________________________________ Date ______________

Approved by Faculty __________________________________________ Date ______________

*Not a binding contract but a statement of agreement and understanding.
FIELD EXPERIENCE INFORMATION

General Considerations:

The Field Experience is a cooperative program between the Landscape Design and Management program of Columbus State Community College and approved employers who furnish facilities and instruction where students may acquire the skills and knowledge needed in their chosen occupation.

The agreement between the employer, the student, and the LAND 2900 instructor is for the work period only.

This agreement may be terminated for sufficient reasons by the employer, the student, or the LAND 2900 instructor, a two week notice should be given to each (preferably in writing).

Student Responsibilities

The student agrees to:

Conform with the normal work hours of the establishment, including overtime when requested.

Report to work on time. This is essential.

Always keep business matters confidential and work in the best interests of the organization.

Notify the faculty immediately on any cause of dissatisfaction with an employer and/or job.

Submit reports and project proposal promptly.

Employer Responsibilities

The employer agrees to;

Employ the student for the entire period as agreed unless terminated for reason. (See 1. c. above)

Pay the starting wages as per this agreement. Increases in pay may be given at the employer’s discretion.

Give the student the opportunity to work on different jobs (as designated under activities) in order to acquire and practice various skills.

Counsel with the student, answer questions, and discuss methods and operations.

Notify the LAND 2900 instructor immediately on any cause of dissatisfaction on the part of the student.

Submit the field experience evaluation reports to the faculty.

Field Experience Faculty Responsibilities:

The field experience Faculty will strive to promote harmony and cooperation between the employer and the student. Their services are available in any way that may be beneficial to either or both parties.

The Faculty will communicate with the employer and/or intern to keep abreast of the progress of the field experience program.

Evaluate the student’s completion of the Field Experience.
Statement of Liability:

Columbus State Community College or parties there employed assumes no liability for the student field experience while under the supervision of the employer.

It is the established policy both of Columbus State and not to discriminate in any way, including harassment of, any individual or group of individuals for reasons of race, color, religion, ancestry, national origin, sex, disability, age or veteran status in any aspect of the educational program and field experience.
COURSE SYLLABUS

Course Number: LAND 2900
Course Name: Field Experience
Faculty: Professor Steven C. O'Neal
Office: 205 Davidson Hall
Telephone: 614-287-5417
E-mail: soneal@csc.edu

Description: Off-campus work experience in Landscape industry that augments formal education received in the program with actual work conditions and job experience. “N” credit will not be allowed for this course.

Credits: 3  Class Hours per Week: 0  Lab Hours per Week: 48

Prerequisites: Sufficient courses in the Landscape Design and Management Program, and permission of instructor.

Objectives:

1. This course is intended to provide the student with an opportunity to apply what has been learned in the classroom to his or her chosen career.

2. Enable the student intern to acquire practical application of principles learned in classes.

3. Create within the intern an understanding of the operational stages of their field of study.

4. Establish an appreciation of work ethics.

5. Familiarize students with various career opportunities in the profession.

Textbook: No required text.

Grading:

<table>
<thead>
<tr>
<th>Grade Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-Day Report and Proposal</td>
<td>10%</td>
</tr>
<tr>
<td>Work Experience Contract</td>
<td>10%</td>
</tr>
<tr>
<td>Employee Evaluation Forms</td>
<td>20%</td>
</tr>
<tr>
<td>Employer Evaluation Forms</td>
<td>20%</td>
</tr>
<tr>
<td>Visitation Evaluation</td>
<td>20%</td>
</tr>
<tr>
<td>Written Report</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

If, for budgetary reasons the visitation is not possible, phone contact evaluation will be substituted for the visitation.
Financial Aid Recipients:

If you are a financial aid recipient, attendance is monitored by your instructor and reported during the quarter. Failure to attend may result in being academically withdrawn from this class. Please refer to your “Standards of Satisfactory Progress” or call the Financial Aid Office if you have questions (287-2648).

Academic Assessment:

Columbus State Community College is committed to assessment (measurement) of student achievement of academic outcomes. This process addresses the issues of what you need to learn in your program of study and if you are learning what you need to learn. The assessment program at Columbus State has four specific and interrelated purposes:

1. to improve student academic achievement;
2. to improve teaching strategies;
3. to document successes and identify opportunities for program improvement;
4. to provide evidence for institutional effectiveness.

In class you are assessed and graded on your achievement of the outcomes for this course. You may also be required to participate in broader assessment activities.

American Disabilities Act Policy:

It is the Columbus State Community College Policy to provide reasonable accommodations to students with disabilities. If you would like to request such accommodations because of a physical, mental, or learning disability, please contact the Department of Disability Services, 101 Eibling Hall, 614-287-2570.
WRITTEN REPORT

Each student will complete a written report (minimum of 4 pages, double spaced) about their field experience. Each report should be typed (double spaced) and include the following:

**Summary of Field Experience**

1. Where you worked.
2. How long you were there.
3. Title of your position.
4. Responsibilities and activities throughout the field experience.
5. Opinion of the most valuable aspect of the field experience.
6. Evaluation of the field experience and recommendation to prospective employees.
7. Applicability of the field experience and recommendation to prospective employees.

**Project**

1. Problem of situation being investigated
2. Specific objectives to be accomplished.
3. Activities undertaken to complete project.
4. Final outcome of project.

**Evaluation**

1. Extent to which previous learning applied to the completion of the field experience.
2. Critical evaluation of the progress made during the field experience toward career objectives.

The written report will be graded for correct use of the English language, spelling, following directions, following the outline, neatness, completeness and content. All reports are to be typed (double-spaced). Failure to submit a written report will result in the student automatically failing the course.

The following outline is to be used when writing your report:

1. **Title Page**
   Title of paper, course name and number, date submitted.

2. **Table of Contents**
   A list of all major sections of the paper and their page numbers.

3. **Main Body of the Report**
   See numbered Summary above.

4. **Attachments/Illustrations/Appendices**
   A list of all project products, diagrams, maps, photos, graphs, etc. and their page number.

**Note:** Some of this information can be provided by your employer or your supervisor.
SEVEN DAY REPORT

Student’s Name: ___________________________ Date Submitted: ______________

Student’s Home Address: ________________________________________________________________

City: ___________________________ State: __________________ Zip: __________________

Student’s Phone: (_________) ___________________________ Email: ________________________________

Address During Field Experience: ____________________________________________________________

City: ___________________________ State: __________________ Zip: __________________

Phone: (_________) ___________________________

Name of Employer: ___________________________________________ Phone: (_________) ___________________________

Supervisor’s Name and Title: ______________________________________________________________

Name of Columbus State Advisor: _________________________________________________________

1. Does your employer seem satisfied with the Field Experience Agreement?
   □ Yes □ No

2. Are you satisfied with the Field Experience thus far?
   □ Yes □ No

3. Are all relations with your employer and fellow employees satisfactory to date?
   □ Yes □ No
   
   If not, please explain: _________________________________________________________________
   _____________________________________________________________

4. On what date did you report for work? ______________

5. Are you able to relate your work experiences thus far to principles taught in the classroom?
   □ Yes □ No

6. List the type of work you have done since reporting for work.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

7. Attach your project proposal.

   *Mail to Field Experience Faculty by your seventh day of employment.*
EMPLOYER OBSERVATION #1

Employer: At approximately the fifth week of the semester (or one third through summer term) please complete and return this form.

Student’s Name: ____________________________________________________________

Please rate the student on characteristics listed below. Check the appropriate space and answer the questions that follow, indicating your evaluation of the student to date.

<table>
<thead>
<tr>
<th></th>
<th>SUPERIOR</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Punctuality</td>
<td></td>
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<tr>
<td>2. Willingness to learn</td>
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<tr>
<td>3. Dependability</td>
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<td>4. Thoroughness of work</td>
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<tr>
<td>5. Acceptance of criticism</td>
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<tr>
<td>6. Personal appearance</td>
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<tr>
<td>7. Cooperation with fellow workers</td>
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<td>8. Work speed</td>
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<tr>
<td>9. Responsibility</td>
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<tr>
<td>10. Acceptance by supervisors</td>
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<tr>
<td>11. Acceptance by others</td>
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<tr>
<td>12. Technical competence</td>
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<tr>
<td>13. Communication skills</td>
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</table>

14. Are you having any problems with the Field Experience that I need to be aware of? If yes, please explain.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
15. Do you have any suggestions for the student’s improvement?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

16. What should we be doing to better prepare these students for employment in the industry?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

17. Other comments:

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

Supervisor’s Name and Title: __________________________________________________________

Phone: (______) _____________________ Email: _________________________________________

Employers’s Name: _________________________________________________________________

Student’s Home Address: ___________________________________________________________

City: _______________________________ State: __________________ Zip: _________________

Approved by Employer _____________________________________________________________ Date ___________________
EMPLOYER OBSERVATION #2

**Employer:** At approximately the tenth week of the semester (or two thirds through summer term) please complete and return this form.

Student’s Name: ____________________________________________________________

Please rate the student on characteristics listed below. Check the appropriate space and answer the questions that follow, indicating your evaluation of the student to date.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>SUPERIOR</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>FAIR</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thoroughness of work</td>
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</tr>
<tr>
<td>2. Quality of work</td>
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<tr>
<td>3. Quantity of work</td>
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<td>4. Adaptability</td>
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<tr>
<td>5. Cooperation</td>
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<tr>
<td>6. Judgement</td>
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<td>7. Self confidence</td>
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<td>8. Reliability</td>
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<tr>
<td>9. Leadership potential</td>
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<tr>
<td>10. Technical competence</td>
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</table>

11. Has the student improved in his/her basic knowledge? Please comment

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

12. Has the student improved in his/her work accuracy?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
13. Has the student improved since her/his last evaluation?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

14. Do you have any additional comments about this student?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

Supervisor’s Name and Title:
_________________________________________________________________________________________________________________

Phone: (______) ______________________ Email: ________________________________________________________________

Employer’s Name:
______________________________________________________________________________________________________________________________

Student’s Home Address:
______________________________________________________________________________________________________________________

City: __________________________________________ State: ________________ Zip: ________________

Approved by Employer ______________________________________________ Date ______________________

Please mail completed form to:
Landscape Design and Management Program
Columbus State Community College
550 East Spring Street
Columbus, OH 43216-1609
EMPLOYER OBSERVATION #3

**Employer:** At approximately the 15th week of the semester (or near the end of the summer term) please complete and return this form.

Student’s Name: ____________________________

Please rate the student on characteristics listed below. Answer the following questions, indicating your evaluation of the student and the LAND 2900 program. We are very much interested in your ideas, opinions, and views concerning our occupational field experience or employment program. The best way for us to upgrade our program is by feedback from both the employer and the student. Your participation in this questionnaire will help our future students in the industry. Thank you.

1. Do you feel that the field experience you participated in provided a valuable learning experience to the student? Why?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

2. Were you satisfied with our student’s overall performance?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

3. Would you participate again (not a commitment) in our program? Why or why not?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

4. Would you hire a Columbus State graduate based upon what you know about our program (not a commitment)? Why or why not?

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

5. Did your student possess any skills attributable to his/her education that increased his/her value to you? Please comment.

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
6. What skills would you have liked our student to have that were lacking?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

7. Would you recommend your student to another employer if you were asked to do so? Why or why not?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

8. Do you see a need for the type of student we are training and educating? Why or why not?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

9. What period of the year would the student have been the most value to you and your business?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

10. Please provide any additional comments/criticisms/questions you might have concerning the Columbus State Community College Field Experience Program:

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

Thank you very much for participating in our program this year. Your part of our student’s education is extremely valuable.

Supervisor’s Name and Title: ____________________________________________________________

Phone: (______) __________________________ Email: ______________________________________

Employers’s Name: _________________________________________________________________

Student’s Home Address: ____________________________________________________________

City: ___________________________ State: ___________________________ Zip: ___________________________ 

Approved by Employer ______________________________________ Date __________________

Please mail completed form to:
Landscape Design and Management Program
Columbus State Community College
550 East Spring Street
Columbus, OH 43216-1609
STUDENT OBSERVATION #1

**Student:** At approximately the Fifth week of the semester (or one third through summer term) please complete and return this form.

Student Name: ___________________________________________________________ Date: __________________________

Employer: ____________________________________________ Contact Person ____________________________________________

1. How is your field experience in general?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

2. What jobs have you been exposed to?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

3. What have you learned about yourself while working there?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

4. What have you learned about people you work with thus far?
___________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________

5. What have you learned about the industry while working there?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

6. What have you been doing in the following areas? (Each area may not apply to you.)

   a. Field Work __________________________________________________________
   b. Skill/Practice _________________________________________________________
   c. Business Activities __________________________________________________
   d. Office Work ___________________________________________________________
7. Does your employer regularly communicate with you? Please explain.
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

8. How is your supervisor to work for?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

9. Do you have any suggestions for your employer as to how to improve the field experience program?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

10. Do you have any complaints or comments about your field experience training from CSCC?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

11. How would you rate this company/organization as a field experience training location?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

12. If you had to do it over again, would you select this company/organization? Why or why not?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

13. Overall, how have you been accepted by other company employees so far?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

14. Are you having any difficulty with your field experience project?
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

Please mail completed form to:
Landscape Design and Management Program
Columbus State Community College
550 East Spring Street
Columbus, OH 43216-1609
**STUDENT OBSERVATION #2**

*Student*: At approximately the tenth week of the semester (or two thirds through summer term) please complete and return this form.

Student Name: ____________________________________________________________ Date: __________________________

Employer: ____________________________________ Contact Person ________________________________

1. Good management practices observed:
   ____________________________________________________________
   ____________________________________________________________

2. Poor management practices observed:
   ____________________________________________________________
   ____________________________________________________________

3. Does the business have clear company objectives and policies?
   ____________________________________________________________
   ____________________________________________________________

4. How are the labor-management relations? Please explain, if necessary.
   ____________________________________________________________
   ____________________________________________________________

5. What do you view as the strong points of the employer?
   ____________________________________________________________
   ____________________________________________________________

6. What do you view as the weak points (if any) of the employer?
   ____________________________________________________________
   ____________________________________________________________

7. What suggestions (if any) do you have for improving the daily operation of the company?
   ____________________________________________________________
   ____________________________________________________________
8. Does your employer have company personnel training programs? Explain.
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

9. Any comments you would like to make regarding your field experience or work experience.
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

10. Do you feel you have improved since your last evaluation? Please comment
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

Please mail completed form to:
Landscape Design and Management Program
Columbus State Community College
550 East Spring Street
Columbus, OH 43216-1609
STUDENT OBSERVATION #3

Student: At approximately the 15th week of the semester (or near the end of the summer term) please complete and return this form.

Student Name: ____________________________________________ Date: ______________________

Employer: ____________________________________________ Contact Person ______________________

1. Was your field experience a rewarding learning experience? Why or why not?
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

2. What was the most significant thing you learned during your field experience?
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

3. How were the in-house company communications?
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

4. Would you like to work for your employer on a full-time basis? (not a commitment) Why or why not?
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

5. How has this field experience affected your self-confidence?
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

6. If you had to do it all over again, what would you have done differently to better prepare yourself for the field experience?
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
7. How would you describe your ability to work alone?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

8. How would you describe your and your employer’s safety consciousness?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

9. How flexible are you and your employer at work?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

10. How would you describe your interest in your field?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

11. How would you describe your initiative?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

12. How would you evaluate your total field experience?

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

Please mail completed form to:
Landscape Design and Management Program
Columbus State Community College
550 East Spring Street
Columbus, OH 43216-1609
VISITATION EVALUATION

(This form will be filled out by the LAND 2900 Faculty member)

Student Name: __________________________________________________________

Employer Name: _________________________________________________________

Employer Project: _________________________________________________________

Location: ________________________________________________________________

County of Visit: ________________________________ Date of Visit: ________________

**Mileage:**

Beginning Odometer: ______________

Ending Odometer: ______________

**Total Mileage:** ______________

Travel time for visitation: _________________________________________________

Amount of time visiting with student/employer: _____________________________

Purpose/Topics of Visit:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Field Experience Faculty: ________________________________ Date: _______________