

COLUMBUS STATE

LANDSCAPE DESIGN AND
MANAGEMENT



LAND 2900

LANDSCAPE FIELD EXPERIENCE HANDBOOK

Columbus State Community College
Landscape Design and Management
205 Davidson Hall
550 East Spring Street | Columbus, Ohio 43215

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Columbus State Community College
Landscape Design and Management
205 Davidson Hall
550 East Spring Street | Columbus, Ohio 43216

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.

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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.

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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 Richard K Ansley

Office: 223 Davidson Hall

Telephone: 614-287-5031

E-mail: ransley@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: 40

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:

<u>7-Day Report and Proposal</u>	<u>10%</u>
<u>Work Experience Contract</u>	<u>10%</u>
<u>Employee Evaluation Forms</u>	<u>20%</u>
<u>Employer Evaluation Forms</u>	<u>20%</u>
<u>Visitation Evaluation</u>	<u>20%</u>
<u>Written Report</u>	<u>20%</u>
	100%

If, for budgetary reasons the visitation is not possible, phone or Zoom contact evaluation will be substituted for the visitation.

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LAND 2900 - Field Experience

Syllabus Statements:

Columbus State Community College required College Syllabus Statements on Student Resources and Student Rights and Responsibilities can be found at <https://www.csc.edu/academics/syllabus.shtml>, or on the college website Quick Links "Syllabus Statements."

Financial Aid Recipients:

Active class attendance and participation lead to academic success. Financial aid funds are disbursed in "good faith" that you are attending and actively participating in your classes. Columbus State is required by federal law to verify the enrollment of students who participate in Federal Title IV student aid programs and/or who receive educational benefits through the Department of Veterans Affairs. Beginning the third week of the semester, it is the responsibility of the College to identify students who never participate or who stop participating in any course for which they are registered and paid. These students will be administratively withdrawn from the class section. Financial aid will be disbursed to eligible students starting the fourth week of the semester. Non-attending students will not receive financial aid.

Please contact the Financial Aid Office for information regarding the impact of course withdrawals on financial aid eligibility. <https://www.csc.edu/services/financial-aid/index.shtml>
Please refer to your "Standards of Satisfactory Progress" or call the Financial Aid Office if you have questions 614-287-2648.

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 accommodation because of a physical, mental, or learning disability, please contact the Department of Disability Services, 101 Eibling Hall, 614-287-2570.

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.

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.

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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.

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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.

	<i>SUPERIOR</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>FAIR</i>	<i>POOR</i>
1. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Thoroughness of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Acceptance of constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cooperation with fellow workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Work speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Acceptance by supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Acceptance by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Technical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

Employer's Name: _____

Student's Home Address: _____

City: _____ State: _____ Zip: _____

Approved by Employer _____ Date _____

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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.

	<i>SUPERIOR</i>	<i>GOOD</i>	<i>AVERAGE</i>	<i>FAIR</i>	<i>POOR</i>
1. Thoroughness of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Technical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

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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: _____

Employer's Name: _____

Student's Home Address: _____

City: _____ State: _____ Zip: _____

Approved by Employer _____ Date _____

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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?

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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

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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?

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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: _____