■ **Student Information**

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| **Name** |  | **Dept. / Major** |  |
| **Student ID** |  | **Training Organization** |  |

■ **Inspection Table**

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| **No.** | **Inspection Items** | **Select One of the Answer Choices.** |
| **1** | **Does the job and content of your current training align with your major? (Assess the relevance based on your academic major, not personal preferences.)**  | ① Yes, they align with my major.② Yes, they align with my major to some extent.③ No, they do not align with my major. |
| **2** | **Are the job and content of your current training consistent with the Co-op Operating Plan (the originally announced scope of content of the training)?**  | ① Yes, they are consistent with the Co-op Operating Plan.② Yes, they are somewhat consistent with the Co-op Operation Plan.③ No, they are not consistent with the Co-op Operating Plan.  |
| **3** | **What is the number of training days per week specified in the Co-op Operating Plan and the Agreement?**  | ① 4 days a week ② 5 days a week ③ 6 days a week |
| **4** | **What is the actual number of your training days per week?** | ① 4 days a week ② 5 days a week ③ 6 days a week④ Other ( \_\_\_ hours a week) |
| **5** | **Has there been any extra training beyond the initial weekly schedule mentioned in your answer to Question 3?**  | ① No, training has been carried out in compliance with the initial weekly schedule.② Yes, there have been intermittent extra training days beyond the initial weekly schedule. ③ Yes, there have been regular/permanent extra training days beyond the initial weekly schedule.  |
| **6** | **What is the number of training hours per day\* specified in the Co-op Operating Plan and the Agreement?** **\*Not including hours of rest** | ① 6 hours a day ② 7 hours a day③ 8 hours a day ④ Other (\_\_\_ hours a day) |
| **7** | **What is the actual number of your training hours per day\*?** **\*Not including hours of rest** | ① 6 hours a day ② 7 hours a day③ 8 hours a day ④ Other (\_\_\_ hours a day) |
| **8** | **Has there been any extra training beyond the initial daily schedule mentioned in your answer to Question 6?**  | ① Not applicable (no extended training)② Yes, 5 hours or less a week of extended training (intermittently)③ Yes, 5 hours or less a week of extended training (regularly/permanently)④ Yes, more than 5 hours a week of extended training (intermittently)⑤ Yes, more than 5 hours a week of extended training (regularly/permanently) |
| **9** | **Has training taken place during nighttime hours (from 10:00 p.m. to 6:00 a.m. the following day)?** | ① No, no training has ever taken place during nighttime hours (10:00 p.m. and thereafter). (no nighttime training)② Yes, training has sometimes taken place during nighttime hours (10:00 p.m. and thereafter). (occasional nighttime training) |

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| **No.** | **Inspection Items** | **Select One of the Answer Choices.** |
| **10** | **How does the extended and nighttime training occur?**  | ① Not applicable (no extended and nighttime training)② They occur upon mutual agreement.③ They occur as directed by the Training Organization. |
| **11** | **How are rest breaks offered?** **\*Rest breaks: 1-hour break or rest period each day, including regular lunch break** | ① Rest breaks of at least 1 hour per day are guaranteed.② Rest breaks of less than 1 hour are offered.  |
| **12** | **How would you describe the health, environmental, and safety conditions at your training site?**  | ① No issues with the health, environmental, and safety conditions at my training site② There are areas for improvements in terms of the health, environmental, and safety conditions at my training site. (requiring the University's inspection and intervention)  |
| **13** | **Is there a designated supervisor (mentor) at your training organization? (the person who oversees and manages your training)**  | ① Yes, 1 (or more) supervisor(s) is designated as my mentor. ② No, my training does not offer a designated mentor for me.  |
| **14** | **What is the proportion of job-related training time (including training, guidance, mentoring, feedback, etc.) at the Training Organization, calculated in relation to the total hours of training conducted so far?**Example) If 10 hours of job-related training time is allocated out of 40 hours per week, it would amount to 25%. | As of now, the ratio of job-related training, guidance, and feedback to the total hours of training is approximately \_\_\_\_\_\_ %. |
| **15** | **What are your observations regarding the actual execution of the current Co-op Program that you are participating in?** | ① The Co-op Program that I am currently participating in seems to be a work-study program that effectively balances educational components with practical job experience.② The Co-op Program that I am currently participating in requires enhancements in both educational and job-performance aspects.③ The Co-op Program that I am currently participating in does not incorporate an educational component. It seems to be an actual labor program mostly utilizing my labor. |
| **16** | **Is there any aspect of the current Co-op Program that you are participating in that needs to be improved with prompt intervention or improvement by the University?**  | ① No such issues in my current training② There are some aspects that require improvements in the future. (Please state such aspects in Question 17.)③ There are some aspects that require improvements immediately with prompt intervention by the University. (Please state such aspects in Question 17.) |
| **17** | **If you have any recommendations or feedback for your University concerning your current Co-op Program, please describe them openly. (open-ended answer]** |  |