**Kainan University International Foundation ProgramAcademic Year \_\_\_\_\_ \_\_\_\_\_ Work-Study Counseling Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | Tutor |  |
| Student ID |  | | Work Permit Expiry Date |  |
| Work-Study | □Yes □No (No need to fill in the following records) | | | |
| Work Permit | □Yes □No | | | |
| Workplace (Company Name) |  | | | |
| Work Address |  | | | |
| Work-Study Status | 1. Overall Job Satisfaction □ Good □ Fair □ Poor 2. Student's Attendance at the Workplace □ Good □ Fair □ Poor 3. Student's Interaction with Colleagues. □ Good □ Fair □ Poor 4. Student's Interaction with Supervisor. □ Good □ Fair □ Poor 5. Student's Satisfaction with the Work Environment. □ Good □ Fair □ Poor 6. Does the workplace provide labor and health insurance for the student □Yes □No 7. Does the student's work-study hours comply with the regulations□Yes □No   (20 hours per week, no limit during winter and summer breaks)   1. Student's work-study hours □Day Shift (7:00 AM - 3:00 PM)   □Night Shift (3:00 PM - 11:00 PM) □Midnight Shift (11:00 PM - 7:00 AM) | | | |
| ※Counseling Record | | | | |
| Student Status | | □Student's learning is normal.  □Student has some absences, but it does not affect learning.  □Student has significant absences and needs to be referred to the International Foundation Program for additional counseling. | | |

**Tutor's Signature：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note：**

**1.** **This form must be completed and submitted to the International Foundation Program office for record-keeping before the midterm of the semester (the ninth week from the start of the course).**

**2.** **If a student needs to be referred to the International Foundation Program for additional counseling, please inform the office on the day of the counseling.**