



Student Evaluation of Employer

Student Name _____

Supervisor Name _____

Student Job Title _____

Company/Agency Name _____

Co-op Course _____

Phone _____ Extension _____

Quarter _____ Year _____

Email _____

Outstanding	Very Good	Good	Average	Needs Improvement	Not Applicable
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SITE EVALUATION

- Your physical environment was safe
- An orientation was provided to the place of employment
- Adequate resources were available to accomplish topics
- Co-workers were accepting and helpful

SUPERVISOR EVALUATION

- Supervisor provided a clear job description
- Regular feedback was given on progress and abilities
- An effort was made to make this a learning experience
- Supervisor provided levels of responsibilities consistent with my abilities
- Supervisor was supportive of my work schedule

CO-OP EVALUATION

- Work was related to my major area of study
- Opportunities were provided to develop my communication skills
- Opportunities were provided to develop my interpersonal skills
- Opportunities were provided to develop my creativity
- Opportunities were provided to develop my problem solving abilities
- This experience has helped me prepare for the workplace

OVERALL PERFORMANCE

- Would you work for your supervisor again?
 - Would you work for your employer again?
 - Would you recommend your employer to others?
- Overall performance**

What are some of the employer's strengths?

What areas of work does the employer need to improve?

What recommendations do you have to better prepare this employer for another Co-op Internship?

Additional Comments

Student Acknowledgement

By checking the box, I acknowledge that the information provided in this form is true.

Student's Signature _____

Date _____