

Student Evaluation of Co-op Training Period

Student Information

Contact Info

Name _____ Email _____
ID # _____ Major _____

Co-op course for which you are registered:

Dept.	Course#	Title	Faculty Co-op Advisor

Employer Information

Employer _____
Name of Immediate Supervisor _____
Department _____ Co-op Position Title _____
Hours worked per week _____ Salary per hour _____
What type of co-op will it be? Alternating Parallel

Co-op Evaluation

1. Briefly list the major responsibilities and any highlights of this work assignment.

2. The academic preparation for this work experience was

Excellent Good Average Fair Poor

3. Did you receive adequate instruction from your supervisor in the workplace? Yes No

If no, please explain:

4. Have you been evaluated this semester by your supervisor? Yes No

If yes, date: _____

5. Did you receive adequate communication from your Faculty Co-op Advisor? Yes No

If no, please explain:

6. Did you receive adequate communication from the Career Development Center/Cooperative Education Program?

Yes No

If no, please explain:

7. Are you graduating this semester? Yes No

If not, do you want to return to the same co-op for the next semester? Yes No

8. Benefits received from Co-op: (e.g. practical experience, new methods/procedures, increased confidence, better knowledge of the field, financial benefit, cultural experiences, etc.)

9. What do you consider the least positive feature(s) of your work experience?