



Cooperative Work Experience Final Semester Evaluation

Student's Name: _____

Evaluation	Date of Evaluation:	Evaluation Reviewed and Discussed with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Faculty Name:			
	Worksite Location:			

Objective Evaluation	As the employer or supervisor of the above named student, please evaluate the student's performance to date. Your recommendations, comments and criticisms will be utilized by the College for the guidance of the student. A copy of the student's semester objectives is attached for your reference.				
	Objective #	Accomplished <input type="checkbox"/> Yes <input type="checkbox"/> No	Significant Progress	Some Progress	No Progress
	Objective #1				
	Objective #2				
	Objective #3				
Comments:					

Job Performance Standards	Please rate the student in the following using a 1-5 rating system. 5 - Excellent 4 - Good 3 - Average 2 - Poor 1 - Unsatisfactory	
	Rating	Job Performance Standards
		Personal Qualities: Displays responsibilities, self-esteem, self-management, integrity and honesty
		Personal Appearance: Dresses appropriately for the job.
		Interpersonal: Is cooperative and friendly to public, supervisors and works well with others; accepts suggestions and responsibility. Is a team player.
		Workmanship & Skill: Strives for improvement, shows thoroughness, accuracy, and precision in detail
		Dependability: Punctual, reliable; meets deadlines
		Technology: Applies technology to specific tasks
		Basic Skills: Reads, writes, performs arithmetic and mathematical operations; communicates information
		Thinking Skills: Think creatively, makes decisions, solves problems, visualizes, know the learning and reasoning process.
	Overall Job Performance	

Comments	

Signature	Work Site Supervisor Signature:		Date:	
	Faculty Supervisor Signature:		Date:	
	Student Signature:		Date:	