Cooperative Work Experience
Mid-Semester Evaluation

Student Name: _____

Evaluation				
Date of Evaluation:		Evaluation Reviewed and Discussed with Student:	☐ Yes	☐ 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 ☐ Yes ☐ 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 players.
	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:	