

CO-OP STUDENT EVALUATION

Please complete this form with your Co-op Student

Student Name: _____	Company Name: _____
Student Number: _____	Evaluator's Name: _____
Program: _____	Title: _____
Semester(s): Spring (January - April) Summer (May - August) Fall (September - December)	Department: _____
	Date of Review: _____

Near the end of each work term, Employers are asked to complete an evaluation of each Co-op student's work performance. Employers and students are then asked to schedule a meeting to discuss and sign the evaluation. Employer feedback is invaluable and provides students opportunities to identify some of their strengths and learn about skills they could continue to develop.

Outstanding Very Good Good Average Unsatisfactory

Quality of Work

Technical Proficiency

Organizing & Planning Work

Communication Skills - Oral

- Written

Interpersonal Relationships

Ability to Learn

Resourcefulness

Initiative

Judgment

Professionalism

Attitude/Work Ethic

Dependability

Employer's Assessment of a Co-op Student - page 2

OVERALL PERFORMANCE:

Outstanding

Very Good

Good

Average

Unsatisfactory

The student's strengths are:

Qualities the student could continue to develop and improve:

Comments on student's overall performance:

APPEARANCE: Appropriate Inappropriate

ATTENDANCE: Regular Irregular

PUNCTUALITY: Regular Irregular

Will you be considering this student for an **extended Co-op** work term?

Yes

Maybe

No

Employer's signature

Student's signature

Students should upload this form to Moodle before the end of the term.