

**EMPLOYER EVALUATION  
OF  
COOPERATIVE EDUCATION STUDENT**

(To be completed by supervisor)

Under the provisions of the Family Educational Rights and Privacy Act of 1974, each student will have the opportunity to examine most official documents and records pertaining to him/her. Therefore, each evaluation supervisor or official is strongly urged to evaluate the student's performance in concert with the student. This joint evaluation is of paramount importance in the student's professional and personal development, so please be candid. Your evaluation will be used by the Cooperative Education staff in the guidance and counseling of the student.

Please evaluate the student objectively, comparing him/her with other students of comparable academic level and training; with other employees serving in similarly classified positions; and with individual standards of performance. Should additional space be necessary for your comments, please feel free to attach a separate sheet to the form.

Student \_\_\_\_\_

Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

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Briefly describe the position and responsibilities assigned to the student.

What are the student's major professional assets and strengths?

What are the student's major professional and developmental needs?

If this was the student's first work semester with you, how well prepared was he/she for a Cooperative Education experience?

If this was not the student's first work semester with you, what changes have you seen in him/her since then?

*Please continue on backside*

Please rate the student on the following:

Superior    Good    Average    Poor    N/A

	Superior	Good	Average	Poor	N/A
Attitude toward work					
Attitude toward superiors					
Attitude toward co-workers					
Quality of work accomplished					
Quantity of work accomplished					
Ability to learn on the job					
Willingness to learn					
Ability to communicate					
Ability to think and act independently					
Personal appearance					
Dependability					
Conformance to organizational policy					
Maturity					
Self-confidence					
OVERALL RATING					

Additional comments:

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the student prior to mailing:

\_\_\_ I have seen this evaluation.

\_\_\_ I have discussed this evaluation with my supervisor.

Student's comments:

Student's signature \_\_\_\_\_ Date \_\_\_\_\_