

PRELIMINARY COOPERATIVE EDUCATION EVALUATION FORM

PLEASE RETURN BY _____



Co-op Coordinator

Name of Student: _____ Employer Company Name: _____
 Student's Job Title: _____ Address: _____
 Evaluator/Supervisor: _____ Telephone: _____

I. Please rate the student on a scale from 1 to 5 (1 highest, 5 lowest) and circle one of the choices in each of the following areas:

1. Punctuality							
Always on time, prompt	1	2	3	4	5	Rarely on time	
2. Alertness							
Learns quickly	1	2	3	4	5	Slow to respond	
3. Attitude & Initiative							
Very interested in work; eager and willing to do extra work	1	2	3	4	5	Uninvolved; only does what is assigned	
4. Dependability							
Follows directions well	1	2	3	4	5	Does not follow simple direction	
5. Self-confidence							
Sure of him/herself	1	2	3	4	5	Unsure	
6. Judgment							
Thoughtful, rational	1	2	3	4	5	Seems to work without thinking	
7. General Appearance							
Appropriate for work environment	1	2	3	4	5	Inappropriate	
8. Maturity							
Serious, responsible	1	2	3	4	5	Immature, adolescent behavior	
9. Capacity to work with others							
Highly cooperative	1	2	3	4	5	Uncooperative, disruptive	
10. Originality							
Highly imaginative, creative	1	2	3	4	5	Unwilling or unable to make creative contributions	

II. Please comment on student's performance. _____

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III. Please summarize the student's job responsibilities and indicate what skills, equipment and/or techniques are being used.

