

Co-operative Education Employer Evaluation Form

Company Name: _____ Student Name: _____

Supervisor Name: _____ Co-op Semester: _____

Student Job Title: _____ Work Dates: _____ to _____

Hours/week: _____ Salary rate (Eur/Hour): _____

Responsibilities: _____

For each category, mark (X) for the rating level that most closely represents the student's performance. Please comment where possible.

CATEGORY	5 = Excellent					3 = Average					1 = Poor					COMMENTS
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	
QUALITY OF WORK: Accuracy, thoroughness																
QUANTITY OF WORK: Volume, pace, and effort																
COMPETENCE: Applies experience and training																
ABILITY TO LEARN: Grasps and retains new skills and concepts																
INITIATIVE: Originates ideas and seeks new responsibilities																
RELIABILITY: Dependable, conscientious; punctuality, attendance																
JUDGEMENT: Reasoning ability and common sense																
ATTITUDE: Willingness to accept instructions, assignments																
PERSONAL RELATIONS: Ability to work effectively with others																
COMMUNICATION SKILLS: Written and verbal																
OVERALL PERFORMANCE:																

Recommended areas of improvement: _____

Any additional comments: _____

Evaluator Name (please print): _____ Job Title: _____

Date: _____ Signature: _____ Phone: _____ E-mail: _____

Do you plan to offer a permanent job position to the student? Why/Why not?
