

CHECK ONE:

STUDENT CO-OP VISIT

STUDENT SELF EVALUATION OF JOB PERFORMANCE

| | |
|---|------------------------|
| STUDENT _____ | EMPLOYER- _____ |
| ID #: _____ - _____ - _____ | EMPLOYER/ADDRESS _____ |
| MAJOR _____ CODE _____ | EMPLOYER CODE _____ |
| QUARTER F___ W___ SP___ SU___ YEAR___ CODE_____ | |
| START DATE _____ | END DATE _____ |

THIS FORM SHOULD BE COMPLETED BY YOU DURING THE LAST WEEK OF YOUR CO-OP.

RETURN THIS FORM TO YOUR EMPLOYMENT ADVISOR IN THE ATTACHED ENVELOPE.

STUDENT JOB TITLE _____

JOB RESPONSIBILITIES _____

Please evaluate your skills in the following areas:

| | POOR | | | | | | EXCELLENT | | NOT APPLICABLE |
|---------------------------------------|------|---|---|---|---|---|-----------|-----|----------------|
| 1. Technical knowledge and skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
| 2. Aptitude (ability to learn) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
| 3. Productivity (amount of work) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
| 4. Quality of work | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
| 5. Attitude (response to job demands) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
| 6. Self-confidence | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |
| 7. Problem solving (Reasoning) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | |

| | NEVER | | | | | ALWAYS | |
|---|-------|---|---|---|---|--------|---|
| 8. Were there technical skill problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

If so, please give examples: _____

| | POOR | | | | | | EXCELLENT | NOT APPLICABLE |
|---------------------------------|------|---|---|---|---|---|-----------|----------------|
| 9. Involvement with teamwork | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 10. involvement with supervisor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 11. Involvement with co-workers | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 12. Attendance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| 13. Punctuality | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| | NEVER | | | | | ALWAYS | |
|--|-------|---|---|---|---|--------|---|
| 14. Were there personal/social problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

If so, please give examples _____

15. How often did your SUPERVISOR use the following to communicate with you?

| | NEVER | | | | | ALWAYS | |
|-----------------------------|-------|---|---|---|---|--------|---|
| a. Speech | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. Sign | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. Writing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. Professional Interpreter | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. TTY/Telephone | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| f. Demonstration (Hands On) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| g. Electronic mail | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

16. How often did YOU use the following to communicate with your supervisor?

| | NEVER | | | | | ALWAYS | |
|-----------------------------|-------|---|---|---|---|--------|---|
| a. Speech | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. Sign | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. Writing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. Professional Interpreter | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. TTY/Telephone | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| f. Demonstration (Hands On) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| g. Electronic mail | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

17. Communication during group meetings was handled by:

| | NEVER | | | | | | ALWAYS | NOT APPLICABLE |
|-----------------------------|-------|---|---|---|---|---|--------|----------------|
| a. Speech | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| b. Sign | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| c. Writing | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| d. Professional Interpreter | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
| e. Minutes of meeting | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| | | | | | | | | |
|---|---|------|---|---|---|---|-----------|------------|
| | | | | | | | | NOT |
| | | POOR | | | | | EXCELLENT | APPLICABLE |
| 18. How would you rate your reading skills as they relate to the job? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|-----|
| 19. How would you rate your writing skills as they relate to the job? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
|---|---|---|---|---|---|---|---|-----|

20. Were there communication problems?

| | | | | | | | |
|--|---|-------|---|---|---|---|--------|
| | | NEVER | | | | | ALWAYS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

If so, please give examples _____

| | | | | | | | |
|---|---|-------|---|---|---|---|--------|
| | | NEVER | | | | | ALWAYS |
| 21. How often did you provide sign language instruction to improve communication with co-workers? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 22. Did you use the telephone on the job? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 23. Would a telephone normally be used by another person in this job? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|

24. If you used the phone, what equipment or assistance was provided?

Telephone Amplifier TTY or Relay Service Interpreter Interpreted by Co-workers

25. TRAINING

- a. Did you receive formal orientation? Yes No
- b. Were you trained in specific job skills? Yes No

If so, please describe _____

c. How many hours during the total co-op did you receive skills training? _____ Hours

26. Were you introduced to techniques or procedures on the job which you feel are new or specialized?
Yes ___ No ___ Please give examples: _____

27. Are there other skill areas or more courses of study you might want to concentrate on for this particular job?
Yes ___ No ___

If so, please elaborate: _____

28. Please evaluate your overall job performance:

| | | | | | | | |
|------|---|---|---|---|---|---|-----------|
| POOR | | | | | | | EXCELLENT |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |

(Your Signature)

(Print your name)

Date: _____