

For Co-op office use only
 This is co-op # 1 2 3 4 5



CENTER FOR COOPERATIVE EDUCATION

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CO-OP STUDENT EVALUATION
 (To be completed by supervisor.)

Co-op Student's Name _____ Job Title _____

Supervisor's Name _____ Employing Organization _____

Co-op Term (circle) Summer Fall Spring Year _____ Dates of employment _____

Please list the primary responsibilities (projects, daily responsibilities, etc.) performed by the student during the Co-op period.

Please use the following scale to indicate the Co-op Student's level of competence . . .

	emergent (1)	some strong skills (2)	many strong skills (3)	highly skilled (4)
The Co-op student is able to:				
Work with others	N/A	1	2	3 4
Take on new projects	N/A	1	2	3 4
Work through assignments to completion	N/A	1	2	3 4
Acquire new skills	N/A	1	2	3 4
Ask pertinent and purposeful questions	N/A	1	2	3 4
Brainstorm/develop options and ideas	N/A	1	2	3 4
Manage/resolve conflicts in an effective manner	N/A	1	2	3 4
Communicate in writing	N/A	1	2	3 4
Work without close supervision	N/A	1	2	3 4
Contribute to innovation or improvement to help carry out your work	N/A	1	2	3 4
Work on a variety of tasks	N/A	1	2	3 4
Participate in organizational mission and goals	N/A	1	2	3 4
Exhibit appropriate professional behavior and attitude (appropriate dress, personal hygiene, office etiquette)	N/A	1	2	3 4
Build a life in this location that does not interfere with work	N/A	1	2	3 4

The student interviewed effectively.	Yes	No
The student articulated realistic learning goals.	Yes	No
Would you hire this student again?	Yes	No

What are the student's strengths?

In what areas would you recommend the student improve?

Please comment on the student's potential ability to pursue a career in this field.

Additional comments/feedback:

I have completed this form and discussed this evaluation with the student	Yes	No
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Signature of Supervisor

Date