Student Evaluation of Co-op Training Period

Student Information

Contact Info
Name ________________________________ Email ________________________________
ID # ________________________________ Major ________________________________

Co-op course for which you are registered:

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<th>Dept.</th>
<th>Course#</th>
<th>Title</th>
<th>Faculty Co-op Advisor</th>
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Employer Information

Employer ________________________________
Name of Immediate Supervisor ________________________________
Department ________________________________ Co-op Position Title ________________________________
# Hours worked per week ________________________________ Salary per hour ________________________________

What type of co-op will it be? ☐ Alternating ☐ Parallel

Co-op Evaluation

1. Briefly list the major responsibilities and any highlights of this work assignment.

2. The academic preparation for this work experience was

☐ Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor
3. Did you receive adequate instruction from your supervisor in the workplace? □ Yes □ No
   If no, please explain:

4. Have you been evaluated this semester by your supervisor? □ Yes □ No
   If yes, date: __________

5. Did you receive adequate communication from your Faculty Co-op Advisor? □ Yes □ No
   If no, please explain:

6. Did you receive adequate communication from the Career Development Center/Cooperative Education Program?
   □ Yes □ No
   If no, please explain:

7. Are you graduating this semester? □ Yes □ No
   If not, do you want to return to the same co-op for the next semester? □ Yes □ No

8. Benefits received from Co-op: (e.g. practical experience, new methods/procedures, increased confidence, better knowledge of the field, financial benefit, cultural experiences, etc.)

9. What do you consider the least positive feature(s) of your work experience?