



COOPERATIVE EDUCATION PROGRAM

Student's Evaluation of Co-op Assignment

Date Submitted _____

Name _____

Degree/Major _____

Employer _____

City _____ State _____

Training for Position

- _____ Very good
- _____ Adequate
- _____ Minimal
- _____ Very little direction provided

Assessment of Supervision

- _____ Excellent
- _____ Very good
- _____ Sufficient
- _____ Little to none provided

Quality of Work Assignment

- _____ Very challenging
- _____ Challenging
- _____ Sometimes unchallenging
- _____ Not at all challenging

Relationship to Major

- _____ Directly related
- _____ Somewhat related
- _____ Unrelated but valuable nonetheless
- _____ Unrelated with little professional value

Work Atmosphere

- _____ Deadline oriented and stressful
- _____ Deadline oriented but stimulating
- _____ Some emphasis on deliverables
- _____ Little focus on deliverables

Communication of Responsibilities

- _____ Well defined
- _____ Somewhat defined
- _____ Responsibilities could be better explained
- _____ Very uncertain of professional role

Overall Assessment of Co-op Assignment to Date:

(Outstanding) 10 9 8 7 6 5 4 3 2 1 (Poor)

Are there any concerns about which we should be made aware? *(Comments will be held strictly confidential.)*

(This section for Counselor notes)
