

STUDENT REPORT AND ASSESSMENT

Semester: _____

Student: _____
Major: _____ Student ID: _____
Work Term: _____ Graduation Date: _____

Please submit this report to the Co-op Office at
least 3 school days prior to your scheduled
interview with the Co-op coordinator.

Employer: _____ Division or Department: _____
Address: _____ Supervisor: _____
_____ Phone Number: _____

Work Period Starting Date: _____ Work Period Completion Date: _____
Regular Working Hours: Daily from _____ to _____ Saturday or Overtime (if any): _____
Assigned Title: _____ Gross Pay: \$ _____ per _____

Briefly describe the responsibilities of the department where you were assigned:

Briefly describe your work assigned:

List any noteworthy accomplishments or achievements during your assignment:

List new skills that you learned during your assignment:

What did you like the best about your assignment:

What did you like least about your assignment:

List any objectives or goals that you have set for you next work assignment:

List any suggestions for improvement of the Co-op Program:

WORK SESSION APPRAISAL

This evaluation is to be completed by the co-op student at the end of his/her work period and turned in to the Co-op Office when you return to campus. The appraisal is designed to help you evaluate and determine the effectiveness of your recent work session. On a scale of one to five, rate the characteristics in the following categories. The results of this assessment will be reviewed with the Co-op coordinator and made available to your advisor.

1 – Always

2 – Often

3 – Sometimes

4 – Rarely

5 – Never

SUPERVISION ASSESSMENT

1. Did your immediate supervisor assist you in developing an effective work relations hip with co-workers
2. Did your immediate supervisor provide you will adequate instruction to perform your duties well and safely?
3. Did your immediate supervisor seem interested in you as an individual?
4. Did your immediate supervisor attempt to motivate you relative to your professional development?
5. Did your immediate supervisor provide you adequate feedback relative to your performance and/or conduct?

	1	2	3	4	5

CO-WORKER ASSESSMENT

1. Did you get along well with your co-workers?
2. Did your co-workers appear interested in, or committed to the concept of a Co-op Program?
3. Did your co-workers seem genuinely interested in your success or performance?
4. Did your co-workers consider your contribution to the overall responsibilities of your department to be significant?
5. Were you and your co-workers provided with enough work to keep you busy?

	1	2	3	4	5

SELF ASSESSMENT

1. Do you feel that you were adequately prepared academically for the tasks assigned to you during this work period?
2. Do you feel that you understood your assigned duties and responsibilities?
3. Do you feel that you received adeqwuate4 instruction or training for the tasks assigned to you?
4. Do you feel that the work that you performed is a value to your employer?

	1	2	3	4	5

PROGRAM ASSESSMENT

1. Was the work that you were asked to perform satisfactorily related to your academic/career interests?
2. Was the work that you were asked to perform challenging related to your level of academic achievement?
3. How would you rate the employer that you worked for related to their performance as a Co-op participant?

	1	2	3	4	5

Please rate the overall quality and value of this work session by checking the following word that best describes your experience.

Outstanding

Above Average

Satisfactory

Below Average

Unsatisfactory

SIGNATURES AND DATE

Student

Date

Academic Advisor

Date

Co-Op Office

Date