

Work term for which  
report was written

Report  
Number

Student's Name

Student's ID Number

Student's Program

Title of Report

Employer/Company

Evaluator's Name

Evaluator's Title/Dept.

Evaluator's Signature

 **MUST be signed by Evaluator**  
(open with Adobe Reader to sign it digitally)

Date Form Completed

To the best of my knowledge, this report is  
original work completed by the student.

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One of the requirements of Co-operative Education programs is that the students complete a minimum number of satisfactory work reports prior to graduation. Work reports are marked by both the employer and an on-campus evaluator. To receive credit for the report, a student must receive acceptable or higher from both markers.

Providing appropriate feedback on the subject matter of the report can be difficult for the university evaluator since the content is normally related to the work environment. Therefore, we request your assistance in this area.

Please read the student's report, complete the evaluation below and on the next page, and provide it to the student who will submit it with their report to the University. With your assistance, the University evaluator will be better able to assess the report on presentation, structure, literary quality, and content.

Your input is greatly appreciated.

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### Evaluation

	Outstanding	Very Good	Good	Acceptable	Unacceptable
Command of Topic					
Technical Content/Analysis					
Overall					

**Evaluator's Comments  
about Report**