

Form 6

Confidential Student Evaluation of the Work Experience

Student Name:

Please type your responses to the following questions regarding your work experience during this past work period. Make additional comments if you wish. The purpose of the form is to provide opportunity for frank appraisal of the job location in the interests of the employer and future students.

CRITERIA	Excellent	Good	Average	Poor	Very Poor	No Observation
Work experience relates to field of study						
Adequacy of employer supervision						
Helpfulness of supervisor						
Cooperativeness of fellow workers						
Opportunity to use academic learning						
Opportunity to develop human relations skills						
Provided levels of responsibility consistent with student ability and growth						
Opportunity to develop communication skills						
Opportunity to develop creativity skills						
Opportunity to solve problems						
Opportunity to develop critical thinking skills						
Helpfulness of faculty coordinator						
Overall evaluation of internship/co-op experience						

Did you share this evaluation with your employer/supervisor? Yes No
 Would you work for this organization again? Yes No
 Would you recommend the Internship/Co-op Program to other students? Yes No
 List ways you have benefited from this experience.

What did you learn about yourself, personally, as a result of this experience.

If you were to make one suggestion to improve the Internship/Co-op Program, what would it be?

Additional Comments

Student's Signature:  Date: