

## STUDENT EVALUATION OF COOP WORK EXPERIENCE

Name		Student ID	
Mailing Address		City/State/Zip	
E-mail Address		Phone (     )	
Work term number: (1st, 2nd o 3rd)	Completed during (Circle one) Fall    Spring    Summer		Year From:                      To:
Student Academic Major			
Employer's Name		Location	

**Instructions:** Please respond and/or make appropriate comments regarding your most recent coop work experience. Return completed form along with a copy of your employer's evaluation to your coordinator at the University. Attach extra sheets if space allotted for responses is not sufficient.

<b>Job title you held:</b>		
Salary (If apply) and circle one if the salary is  _____ per month    hour    N/A if only for credits		Average hours per week
Name of immediate supervisor		Title
Supervisor's work address		Phone: (     )
<b>Brief description of duties:</b>		

1. To what degree were you able to apply knowledge gained in the classroom to your co-op duties?

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2. To what degree do you feel that the co-op work experience contributed to knowledge in your chosen career?

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3. To what degree were you adequately trained and supervised during the work term?

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4. How would you describe the working conditions and relationships with other employees?

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5. Do you feel the nature of tasks assigned and level of responsibility were appropriate considering your academic and work experience level? Please be specific and comment on positive and negative aspects.

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6. Provide an overall rating of this work period by circling one of the following:

Outstanding      Above Average      Satisfactory      Below      Average      Poor

7. Did you experience any logistical problems in the course of your co-op assignment (housing or transportation)?

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8. Did you live with a relative or friends? \_\_\_\_\_

Rented housing (Yes/No)? \_\_\_\_\_ If rented, name of complex? \_\_\_\_\_

Approximate rent expense per month \$? \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Approximate commuting distance from work (miles)? \_\_\_\_\_

9. Any advice for future co-op students who may choose this institution or area of work?

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10. Please suggest recommendations that could improve the quality of the co-op work experience, either by the employer or through your coordinator or the CIC department.

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11. You should arrange a tentative starting date for the next work term with your employer prior to finishing this work term. Your scheduled starting date for your next work term is (fill this in if you have an interest to work with this employer):

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**NOTE: The requested information in this form can be written in Spanish if desired.**

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Student's Signature

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Date