

Employer Evaluation of Student Performance

1. General Information

Student Name	Semester (Circle one) FALL SPRING SUMMER	Year	Major
Employer	Supervisor		
Telephone Number	Supervisor's e-mail		

2. Competency Ratings

Rate the student's performance by circling a number ranging from 1 for unacceptable to 12 for outstanding for each of the six areas of competency below. **We encourage you to review this evaluation with the student, as it is intended to be a learning device.** An area for comments is provided in Section 3 of this form.

A. Work Habits Unacceptable 1 2 3 4 5 6 7 8 9 10 11 12 Outstanding

Did the student demonstrate reliability, dependability, good attendance, appropriate appearance and dress, and appropriate conduct at work? (i.e.- language, breaks/lunch periods, use of equipment, work space condition, etc.)

COMMENTS: _____

B. Skills and Abilities Unacceptable 1 2 3 4 5 6 7 8 9 10 11 12 Outstanding

Did the student demonstrate the necessary technical skills, communication skills and teamwork skills? Were they able to work independently? COMMENTS: _____

C. Attitude Unacceptable 1 2 3 4 5 6 7 8 9 10 11 12 Outstanding

Did the student demonstrate courtesy toward others? Were they open to guidance, suggestions, criticism, and praise? Did they ask questions and make suggestions in an appropriate manner? COMMENTS: _____

D. Productivity Unacceptable 1 2 3 4 5 6 7 8 9 10 11 12 Outstanding

Did the student demonstrate the ability to produce quality work as assigned, skills in time management, and compliance with deadlines? COMMENTS: _____

E. Judgement Unacceptable 1 2 3 4 5 6 7 8 9 10 11 12 Outstanding

Did the student demonstrate good judgement in decision-making, in personal interactions at work, in office politics and controversies, in dealing with negative situations, and in balancing school and work? COMMENTS: _____

F. Professionalism Unacceptable 1 2 3 4 5 6 7 8 9 10 11 12 Outstanding

Did the student demonstrate professionalism in his or her character and ethics, utilize resources and training opportunities and adhere to policies? Were they able to handle stress and adapt to change? COMMENTS: _____



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3. Comments

Please comment on the student's performance for any or all of the six areas of competency: _____

4. Overall Rating

A. To what extent has the student made the best of this opportunity?									
Not At All	-3	-2	-1	0	1	2	3	Best Possible	

B. How do you rate this student's performance in comparison to your expectations and/or other Co-op students?									
Fell Below	-3	-2	-1	0	1	2	3	Exceeded	

C. What kind of contribution has the student made to your organization?									
Negative	-3	-2	-1	0	1	2	3	Positive	

5. Student's Future Plans

To the best of my knowledge, the student plans to:

- Continue** in this position. Part time or Full time? (Circle one.)
- Return** to this position. When? _____
- Leave** this position. When? _____
- Graduate** and continue in this position while attending graduate school.
- Graduate** and remain at this company in a full-time position.

Comments: _____

6. Signature

Signature

Date

Has this evaluation been discussed with the student? Yes or No (circle one)

The student should have provided an addressed envelope for you to return this form to the Cooperative Education Office.
If not, please return it to: UNT, Cooperative Education, P.O. Box 311305, Denton, TX 76203-1305
(940) 565-2861 Fax (940) 565-4995