

# Student Evaluation and Semester Report

## 1. General Information

|                         |   |  |
|-------------------------|---|--|
| Student Name            | Semester                                    | Year   |
| Major                   | Social Security Number                      |  |
| Student's E-Mail        | Expected Graduation Date                    |  |
| Employer                | Supervisor                                  |  |
| Supervisor's Phone      | Student's Position                          |  |
| Student's Phone at Work | Date Started                                |  |
| Rate of Pay             | Average Hours Per Week Worked This Semester | Total hours enrolled in school this semester |

Internship or co-op course you are enrolled in this semester:

This is my (circle one) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> semester as a co-op or intern with this employer.

What were your primary duties and responsibilities this semester? \_\_\_\_\_  
\_\_\_\_\_

## 2. Evaluation

### A. The Work

|  | Yes                      | Mostly                   | Somewhat                 | Not Really               | No                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Is the work you are doing related to your major?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you receive assignments that challenge you?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you enjoy the work you perform?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the work you are doing important to your employer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does this position fulfill your expectations?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### B. The Supervision

|  | Yes/Always               | Frequently               | As Needed                | Seldom                   | No/Never                 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Was a supervisor available to assist or instruct you?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did your supervisor give you feedback about your performance?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did your supervisor formally appraise your performance at least once this semester? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did your supervisor explain what was expected of you in your position?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### C. The Organization

|  | A lot                    | Really Well              | A little                 | Not At All               | Yes                      | No                       | Somewhat                 | Don't Know               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How much do you like being affiliated with this employer?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |
| 2. Are you provided with the necessary tools/equipment/supplies to perform your job? |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| 3. Does this employer value your work?   |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### D. The Experience

|   | Great                    | Very Good                | Good                     | Disappointing            | Yes                      | No                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Overall, how would you rate this work experience?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you learning aspects of your major/career field that relate to your academic pursuits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments



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## 3. Plans for Upcoming Semesters

For the semester immediately following this one, what are your plans?

A.  **No changes**—I will continue in the same position with the same supervisor at the same organization for the same number of hours per week.

B.  **Changes** (check all that apply).

1. **Staying at the same organization, under different conditions.**

- Average number of hours per week will change to \_\_\_\_\_
- Supervisor will change to \_\_\_\_\_
- Co-op position in the same company/organization will change to \_\_\_\_\_

2. **Switching to another position with a different organization.**

Do you already have that position? (circle one) YES NO

• If yes, what is the name of your new organization? \_\_\_\_\_  
And who is your new supervisor? \_\_\_\_\_

• Did you find this position through the co-op program? (circle one) YES NO  
(Remember to report any new jobs to the co-op office immediately.)

3. **Looking for a different position.**

You must be in good standing in your current position to seek another position through the co-op program. You also must honor all commitments about the number of work semesters.

4. **Leaving your position, either permanently or temporarily.**

- No plans to return for another semester.
- Plans to return to work, after a temporary absence, on \_\_\_\_\_

5. **Graduating at the end of the semester and no longer working in a co-op position.**

Do you have a permanent full-time position? (circle one) YES NO

• If yes, how significantly do you believe your co-op experience was in getting you this position?  
(circle one) (a.) Extremely (b.) Very (c.) Somewhat (d.) Little

• Describe your new job, including the company/organization, location, title, salary, and any other information that would be helpful. We will use the information as data only and will not disclose it.

\_\_\_\_\_  
\_\_\_\_\_

## 4. Co-op and Internship Office

What level of contact did you have with the co-op and internship office this semester? (check all that apply)

- (a) Frequent
- (b) Occasional
- (c) None
- (d) On the job visit
- (e) In-office visit
- (f) By telephone/e-mail

How would you describe your level of satisfaction with the UNT Cooperative Education and Internship program?  
(check all that apply)

- (g) Extremely pleased
- (h) Would recommend to friends
- (i) Great program
- (j) Good program
- (k) Worthwhile
- (l) Not worth the effort
- (m) Disappointing

Comments \_\_\_\_\_  
\_\_\_\_\_

## 5. Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date