Columbia State Employer Mid-term Evaluation of Cooperative Education Student

Student's Name				
Academic Semester:	Fall	Spring	Summer	Year:
Employer:				

The workplace supervisor will evaluate the student's performance, based on company or workplace standards.

Please indicate your level of satisfaction with student's performance in the following areas, by marking the appropriate bubble.

by marking the appropriate bubble.	Strongly Satisfied	Satisfied	Dissatisfied	Strongly Dissatisfied				
<u>Relationships with others</u>	0	0	0	0				
Judgment	0	0	0	0				
Communication Skills	0	0	0	0				
<u>Attitude</u>	0	0	0	0				
<u>Dependability</u>	Ο	0	0	0				
Please circle one response in each of the following categories:								
Attendance: Regular Irregular	Punctuali	ty: Regular	r Irregu	lar				
Overall Performance: Excellent Above Avera	ge Aver	age Be	low Average	Poor				
Please note additional comments below:								
****Please discuss this evaluation with the student and sign.								
Signed (Workplace	Superviso	r) Date:						
Student's signature		Date:						
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Form to be returned to faculty sponsor upon completion