Co-operative Education
Student Evaluation Form

| Full Name: ________________________________ | Today’s Date: ____________________________ |
| Current Year Level: __________________________ | Concentrations: __________________________ |
| Organization/Company: __________________________ | Working Department: ______________________ |
| Student Job Title: ______________________________ | Supervisor Name: _________________________ |

The purpose of this Evaluation Form is for you to provide honest feedback about the quality of your Co-op, your supervisor, and how this Co-op contributed to your personal and professional development.

Please rate the following statements about your Co-op on the following scale:

Strongly Agree (5) – Agree (4) – Neutral (3) – Disagree (2) - Strongly Disagree (1) – Not applicable (N/A)
Feel free to comment.

As a result of my Co-op, I have a better understanding of concepts and theories that I study in courses.

5 4 3 2 1 N/A

Comment: ___________________________________________________________________________________________________

The responsibilities I was given were mostly challenging and meaningful.

5 4 3 2 1 N/A

Comment: ___________________________________________________________________________________________________

My supervisor was accessible and available to me.

5 4 3 2 1 N/A

Comment: ___________________________________________________________________________________________________

I was given some on the job training and instruction.

5 4 3 2 1 N/A

Comment: ___________________________________________________________________________________________________

The work experience related well to my area of study.

5 4 3 2 1 N/A

Comment: ___________________________________________________________________________________________________

This Co-op gave me the opportunity to develop:
Interpersonal relationship skills  5  4  3  2  1  N/A
Professional communication and presentation skills  5  4  3  2  1  N/A
Writing skills  5  4  3  2  1  N/A
Creativity  5  4  3  2  1  N/A
Problem solving skills  5  4  3  2  1  N/A
Critical thinking skills  5  4  3  2  1  N/A
Leadership skills  5  4  3  2  1  N/A
Technical skills  5  4  3  2  1  N/A

Specify which:________________________________________________________________________________________________

I feel better prepared to enter the world of work after this experience.

5  4  3  2  1  N/A

Comment: ___________________________________________________________________________________________________

Is this your first work experience?

Yes / No

What courses taken prior to your Co-op experience were the most helpful to you in this position and why?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

How did this work experience contribute to your Career exploration and plans?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Overall how would you rate this Co-op? (Tick one of the following)

☐ Excellent professional learning experience
☐ Good professional learning experience
☐ Average professional learning experience
☐ Below average learning experience
☐ Poor learning experience

Would you recommend this Co-op to other students? Please explain why or why not.

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Were you offered a full-time, part-time or permanent position with the organization where you did your Co-op?

Yes/No

Comment:__________________________________________________