

# Evaluation and Follow-Up Survey

Submit this form at the END of Semester

Class # \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Semester \_\_\_\_\_

Year \_\_\_\_\_

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

City: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Do you work:  Part-time  Full-time  Summers Only  As a non-paid intern

1. How many semesters have you been enrolled in Cooperative Education: 1 2 3 4

2. How many units of credit have you earned through Cooperative Education: \_\_\_\_\_

3. Do you plan to attend Palomar College next semester:  Yes  No  Undecided

If your answer is "No," please indicate reason:

Graduating  Leaving to accept employment

Receiving Certificate  Other (please explain below)

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

If your answer is "Yes," do you plan to continue Cooperative Education?

Yes  No  Undecided

4. How do you feel the Cooperative Education program has, or has not, helped you:

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

5. Recommendations to improve Cooperative Work Experience Education:

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