

Class Number: _____
 Course Catalog: _____
 ex. (CE 100; DBA 298, etc)

Coordinator Evaluation

 Instructor/ Coordinator:

 Student:

 Company/ Employer

 Supervisor:

 Visit Date:

Based on the job/internship information and occupational/ educational goals, this student is qualified for:

General Work Experience Education: supervised employment which is intended to assist students in acquiring desirable work habits, attitudes, and career awareness. The work experience need not be related to the students' educational goals.

Occupational Work Experience Education: supervised employment extended classroom-based occupational learning at an on-the-job learning station relating to the students' educational or occupational goal.

Cooperative Education Program (discuss with job supervisor)

Discussed the intent and purpose of Work Experience Education: Yes No

Comments: _____

Learning Objectives (discuss with job supervisor)

Progress toward established objectives

	None	In Progress	Completed
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

General Characteristics of Student at the Workplace (discuss with job supervisor)

	Needs Improvement	Satisfactory	Superior	Other
Job Performance/Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Development/Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effect of Education Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Student Interview (can be conducted during supervisor interview or at a different time)

	Needs Improvement	Satisfactory	Superior	Other
Date: _____				
Cooperative Education Requirements/Hours completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Cooperative Educational Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress in Related Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

_____ Coordinator Signature	_____ Date	Employer Evaluation: _____
		Student Evaluation: _____
		Total Hours: _____
		Unit of Credit: _____
		Final Grade: _____

Check this box if position is NON- Paid