

Cooperative Education Work Experience Evaluation

_____		_____	
Student Name (please print or type)		Company Name (please print or type)	
_____		_____	
Student I.D. #		Supervisor Name (please print or type)	
_____		_____	
Class #	Units	Semester/Year	

Student: Please re-enter your learning objectives below

Objective 1: _____

Objective 2: _____

Objective 3: _____

END of Class: _____

Student enter total hours worked (from timesheet):

Student and Supervisor Each Rate Student Performance Rating Scale:
4= Outstanding 3= Very Good 2 = Satisfactory 1 = Unsatisfactory

Supervisor Rating:	Student Rating:
Objective 1: _____	Objective 1: _____
Objective 2: _____	Objective 2: _____
Objective 3: _____	Objective 3: _____

Supervisor End of Semester Comments:

Supervisor: I confirm the student has completed the total hours indicated above within the dates of the course. You can sign by physical signature, electronic signature, or typed signature below. If you sign electronically or by typed signature, you are agreeing that this form of signature is the equivalent of your physical signature.

_____	_____	_____
Supervisor Name and Title (please print)	Supervisor Signature	Date
_____	_____	_____
Student Name (please print)	Student Signature	Date
_____	_____	_____