Co-Op/Intern Employer Evaluation

Student Name: _____________________________________________    Western ID Number (WIN): ___________________

Name of Employer: __________________________________________________________________________________

Instruction: The immediate supervisor should evaluate the student objectively. Please compare our student’s performance with that of other student co-op/intern of comparable academic level and co-op/intern work experience. Return completed form to Co-op Director at FAX or Address above. Thank you.

Please use the following scale in rating work performance:
5=Outstanding; 4=Very Good; 3=Average; 2=Marginal; 1=Unsatisfactory; 0=Not Applicable

Work Performance
Attendance ___  Timeliness ___  Attitude ___
Appearance ___  Quality of work ___  Relations with Others ___
Dependability ___  Contribution to company ___  Accepts constructive criticism ___
Takes Initiative ___  Punctuality ___  Knows when to seek help ___
Confidence ___  Time Management ___  Ability to learn ___
Dependability ___  Contribution to company ___  Accepts constructive criticism ___

How does this student compare to students from other institutions in terms of work performance?
__ More prepared  __ Equally prepared __ Less prepared

Please use the following scale in rating performance abilities:
5=Outstanding; 4=Very Good; 3=Average; 2=Marginal; 1=Unsatisfactory; 0=Not Applicable

Performance Abilities
Apply knowledge of mathematics, science, engineering, and technology___  Written communication ___
Design systems, component, and process ___  Oral communication ___
Use modern engineering/computer skills, techniques, and tools ___  Function on teams ___
Understanding of professional and ethical responsibility ___  Analyze/interpret data ___

How does this student compare to students from other institutions in terms of performance abilities?
__ More prepared  __ Equally prepared __ Less prepared

What are the student’s strongest assets? ____________________________________________________________________

In what areas should this student strive to improve? __________________________________________________________

Would you hire a WMU student again? ___ Yes___ No  Would you hire this student again? ___ Yes___ No

Does it appear this student’s academic program is oriented to the particular needs of your organization? ___ Yes___ No

What, if any, changes in the curriculum would you suggest? _____________________________________________________

Overall Comments: _____________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Name: ____________________________________________________ Position/Title: _________________________________

Signature: _________________________________________________Date: _________________________________________