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 EDMM/IEE 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 ___

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

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: ____________________________