

WESTERN MICHIGAN UNIVERSITY
COLLEGE OF ENGINEERING AND APPLIED SCIENCES
1903 W. Michigan Ave, Kalamazoo, MI 49008-5317
Phone: (269) 276-3261 Fax: (269) 276-3353

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	___
				Overall performance	___

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:** _____