

Mechanical and Aerospace Engineering Department
WESTERN MICHIGAN UNIVERSITY
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Mechanical Engineering 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 ME Co-op Director at email (mae-info@wmich.edu), 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:** _____

In completion of this Co-Op, the student is required to submit a report detailing his/her work experience and how it relates to the courses taken at WMU. We require the student to have you review and sign this report before sending it to WMU Co-Op director.