



# SUPERVISOR'S EVALUATION OF CO-OP STUDENT

Student Name \_\_\_\_\_ Semester/Year \_\_\_\_\_

Internship Position \_\_\_\_\_ Company \_\_\_\_\_

Average Weekly Hours Worked \_\_\_\_\_ Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ E-mail/ phone: \_\_\_\_\_

Please provide the necessary evaluation and feedback on the student intern. This evaluation should reflect a realistic assessment of the student's work and application of learning objectives. Therefore, as the Company/organization Supervisor, please rate each learning objective and each responsibility in terms of achievement by checking the appropriate rating.

Action <input type="checkbox"/>	<input type="checkbox"/>	Rating:	high <input type="checkbox"/>	<input type="checkbox"/>	low			
1. Attendance <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
2. Communication <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
3. Skill Development <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
4. Relations to Others <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
5. Supports Company/Organization <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
6. Objective # 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
7. Objective # 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	
8. Objective # 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	

Comments (use separate sheet if necessary):

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**Action Description:**

Attendance: Demonstrates punctuality and a good attendance record.

Communication: Professional presentation, communicates clearly and effectively w/staff and clients.

Skill Development: Learns, organizes and completes tasks quickly and efficiently.

Relations to Others: Works well unsupervised and cooperates w/others.

Supports Mission of Company / Organization: Reflects commitment to company's / Organization's mission and goals.

Supervisor's Signature \_\_\_\_\_ □ Date \_\_\_\_\_

