

University of West Florida

Cooperative Education Final Evaluation

Student Instructions

1. Please complete the portion above the bold double line
2. Submit to your supervisor for completion along with your CoOp Report
3. When your supervisor has completed the evaluation, send this form and your CoOp Report to:

Cooperative Education Program
University of West Florida
11000 University Parkway, Bld., 19
Pensacola, FL 32514
Fax: 850.473.7255

(If faxed to meet deadline, the original copy must still be forwarded to the Career Services office)

Please Type or Print.

Student Name _____ Major _____

Employer _____

Student's Job Title _____

Immediate Supervisor _____ Title _____

CoOp Type	Workterm #	Semester	Grad Date
<input type="checkbox"/> Alternating	<input type="checkbox"/> 1	<input type="checkbox"/> Fall	<input type="checkbox"/> Fall
<input type="checkbox"/> Parallel	<input type="checkbox"/> 2	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring
	<input type="checkbox"/> 3	<input type="checkbox"/> Summer	<input type="checkbox"/> Summer
	Other _____	Year _____	Year _____

For UWF Departmental use only

Department CoOp Advisors please review and then forward to the Faculty Advisor.

Dept. CoOp Advisor _____

Dept. CoOp Advisor _____ Date _____
(Signature)

Faculty Advisors please assign the student's grade by checking "S" or "U" on this Data Sheet. Please sign and return entire packet to CoOp Office, Building 19, as soon as possible.

- S - satisfactory
- U – unsatisfactory

Faculty Advisor _____

Faculty Advisor _____ Date _____
(Signature)

Comments:

University of West Florida

Cooperative Education Employer Evaluation

- 1 Unsatisfactory** (Never demonstrates this ability/does not meet expectations)
2 Uncomplimentary (Seldom demonstrates this ability/rarely meets expectations)
3 Fair (Sometimes demonstrates this ability/meets expectations)
4 Commendable (Usually demonstrates this ability/sometimes exceeds expectations)
5 Exceptional (Always demonstrates this ability/consistently exceeds expectations)

If any criteria are not applicable or if the student has not had the opportunity to demonstrate this experience; please leave the response blank.

Communication Skills - The student:

1. Is able to read, comprehend and follow written materials.	1	2	3	4	5
2. Is able to communicate ideas and concepts clearly in writing.	1	2	3	4	5
3. Listens to others in an active and attentive manner.	1	2	3	4	5
4. Effectively participates in meetings or group settings.	1	2	3	4	5
5. Demonstrates effective verbal communication skills.	1	2	3	4	5
6. Asks pertinent and purposeful questions.	1	2	3	4	5

Vocational/Career Preparation - The student:

1. Is able to break down complex tasks/problems into manageable pieces.	1	2	3	4	5
2. Brainstorm/develops options and ideas.	1	2	3	4	5
3. Demonstrate ability to problem solve.	1	2	3	4	5
4. Exhibits self-motivated approach to work.	1	2	3	4	5
5. Demonstrates an ability to set appropriate priorities/goals.	1	2	3	4	5
6. Exhibits a professional behavior and attitude.	1	2	3	4	5
7. Reports to work as scheduled and arrives on-time.	1	2	3	4	5
8. The student's dress and appearance are appropriate for this organization.	1	2	3	4	5

Leadership - The student:

1. Manages and resolves conflict in an effective manner.	1	2	3	4	5
2. Supports and contributes to a team atmosphere.	1	2	3	4	5
3. Demonstrates assertive, but appropriate behavior.	1	2	3	4	5
4. Seeks to understand and support the organization's mission/goals.	1	2	3	4	5
5. Fits in with the norms and expectations of the organization.	1	2	3	4	5
6. Seeks out and utilizes appropriate resources.	1	2	3	4	5
7. Works within appropriate authority and decision-making channels.	1	2	3	4	5

Integrity/Values - The student:

1. Exhibits a positive and constructive attitude.	1	2	3	4	5
2. Brings a sense of values and integrity to the job.	1	2	3	4	5
3. Accepts responsibility for mistakes and learns from experiences.	1	2	3	4	5
4. Behaves in an ethical manner.	1	2	3	4	5
5. Respects the diversity (religious/cultural/ethnic) of co-workers.	1	2	3	4	5

Comments: _____

Employer's Signature _____ **Date** _____

Based on the Technology Council of Central Pennsylvania – 2`