

THIS REPORT IS DUE IN THE OFFICE OF COOPERATIVE EDUCATION AND CAREER SERVICES ON OR BEFORE:

CABRINI COLLEGE  
STUDENT EVALUATION OF COOPERATIVE EDUCATION  
ASSIGNMENT

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Name of Student (First-Middle-Last)	Credits Earned	Major
Employer: Department	Total Salary Earned	Course No.
	Hourly Wage	
Work Period (Semester) - Days, Hours Start/End date	Immediate Supervisor	

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This evaluation will be important in determining the value of your work experience, both for yourself and for students on future Co-op assignments with the same employer. The evaluation should be honest, objective, and should indicate problems as well as your progress during the Co-op period. Please add your remarks on the second page so that your Coordinator may counsel with you and with the company/organization for which you worked. These comments help us to maintain and improve the program.

**EDUCATIONAL VALUE OR MERIT OF ASSIGNMENT:**

- Exceptional opportunity
- Worthwhile experience
- Not a useful experience/might help some
- Probably of no value (\*please comment below)

**DID I LIVE UP TO MY FULL POTENTIAL?:**

- Eagerly sought to gain maximum from experience
- Usually tried to get the most from experience
- Did not do anything extra
- Did as little as possible

**ATTITUDE TOWARD STUDENT BY SUPERVISOR/MGMT:**

- Encouraged spirit of inquiry/helpful
- Willing, but did not go out of the way to help
- Seemed to act like I was "in the way"
- Actively rejected me/discouraging attitude
- Does not apply (\*please comment below)

**MY WORK HABITS:**

- Looked for additional things to do
- Checked work, on time, neat & accurate
- Regular and punctual in attendance
- Showed up for work

**OPPORTUNITIES TO RELATE TO OTHER PERSONNEL:**

- Open, friendly & supportive atmosphere
- Permitted but not encouraged
- Generally unfriendly, closely knit groups

**CO-OP JOB ORIENTATION BY EMPLOYER:**

- Complete and Accurate
- Somewhat related
- Had no meaning at all

**SALARY PAID IN RELATION TO JOB REQUIREMENTS,  
EXPERIENCE, AND ACADEMIC TRAINING:**

- Comparable to full-time employees
- Position was well paid
- Definitely underpaid for service given
- Not applicable

**WAS YOUR SUPERVISOR AVAILABLE WHEN  
NEEDED?**

- Always available
- Sometimes available
- Rarely available
- Never available

**DID POSITION LIVE UP TO THE ORIGINAL  
DESCRIPTION?:**

- Closely matches description
- Mostly matches the original description
- Little relationship exists
- No relationship exists (\*Please comment below)

\*COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR WILLING/CAPABLE OF ANSWERING QUESTIONS:**

- Always helpful and informative
- Sometimes informative and helpful
- Unhelpful & uncommunicative
- Passive/kept to him/herself

**MY ATTITUDE:**

- Showed real enthusiasm & initiative
- Willing to help when told to do something
- Lacked interest and enthusiasm
- Refused all but assigned duties & tasks

**SUPERVISOR RECEPTIVE TO NEW IDEAS:**

- Implemented suggestions by employees
- Considered ideas but did not implement
- Paid "lip service" only to ideas
- Did not want to hear ideas

**MY RELATIONSHIP WITH OTHER PERSONNEL:**

- Open, friendly, helpful & informative
- Quiet and reserved
- Generally unfriendly and unhelpful
- Kept completely to myself

**RELATIONSHIP WITH YOUR SUPERVISOR:**

- Good
- Fair
- Needs Improvement

**SUPERVISOR'S RELATIONSHIP WITH OTHER CO-OP'S:**

- Good
- Fair
- Needs Improvement
- Not applicable

Please indicate the level of effectiveness of each of the following services of the co-op office (CIRCLE ONE NUMBER FOR EACH ITEM):

	Improvement Needed	Satisfactory	Very Effective	Effective
Provided me with a worthwhile study related work experience	1	2	3	4
Staff counseled and assisted me during the co-op job search	1	2	3	4
Staff assisted me in resume writing and interviewing	1	2	3	4
Co-op staff was helpful and available during my placement	1	2	3	4
Other (PLEASE SPECIFY) _____ _____	1	2	3	4

Please rank the benefits of participating in the Cooperative Education Program. Rank your answers from 1 to 5. One (1) being the greatest benefit and five (5) of least benefit.

- Earn a good salary
- Gain self-confidence
- Apply my coursework in on the job experience
- Increase my chances of getting a good job after graduation/advancing
- Develop professional skills

**OVERALL PERFORMANCE**    **OUTSTANDING**    **ABOVE AVERAGE**    **AVERAGE**    **BELOW AVERAGE**    **UNSATISFACTORY**  
(Check appropriate boxes)

The information on this form will be kept strictly confidential and will be used only by the Cooperative Education Program in evaluating your experience and the employer for whom you worked.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ e-mail \_\_\_\_\_

Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_