

# Cedarville University

## Co-op Student Performance Evaluation

### To be filled out by the student

Name _____	Date _____
Major _____	
Dates Worked _____	Work Term # _____
Pay Rate _____ hr / wk / month	
Company Name and Address	
_____	
_____	

### To be filled out by the supervisor

**Instructions:** Please evaluate the co-op student objectively, comparing student's performance during this work term with others at a comparable academic and work experience level. After you complete the evaluation, please return it as soon as possible to the address at the end of this form. Thank you for your assistance.

Please rate the co-op student's performance in each of the following areas:	Outstanding	Good	Acceptable	Marginal	Unacceptable
Attendance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relations with others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Application to work/learning .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Quality of Work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

To what extent did you find each of the following outcomes in the co-op student you supervise?	Much More Than Expected	More Than Expected	About What We Expected	Less Than Expected	Much Less Than Expected	Not Able to Rate
Ability to function on teams .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of professional and ethical responsibility .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective oral communication skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective written communication skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply math knowledge .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply knowledge of science .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply knowledge of engineering .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of contemporary issues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to identify and formulate engineering problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to develop viable solutions to engineering problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to design and conduct experiments .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze and interpret data .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to design a system, component, or process to meet desired needs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to use necessary techniques, skills, and modern engineering .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the impact of engineering solutions in a global and societal context .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes the need for and ability to engage in life-long learning .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the student's strengths?

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What are the student's weaknesses/areas of improvement?

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Is this student's academic program oriented to the needs of this organization? \_\_\_\_ Yes \_\_\_\_ No

What changes, if any, would you suggest to the engineering department curriculum?

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Are there any significant contributions from the student this work term you would like to note?

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Is this the student's final work term with your organization? \_\_\_\_ Yes \_\_\_\_ No

If yes, would you consider employing this student upon graduation? \_\_\_\_ Yes \_\_\_\_ No

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature does not indicate agreement with this evaluation, only that has been reviewed)

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

Thank you for completing this form.

Please return to the Co-op Office, Attn: Co-op Program Administrator, Cedarville University, 251 N Main St., Cedarville, OH 45314; or fax it to (937) 766-7876.