

Illinois Tech Career Services
3241 S. Federal Street
Hermann Hall, Suite 113
Chicago, IL 60616
careerservices@iit.edu

Curricular Practical Training (CPT):
Co-op/Internships
Student Evaluation

Completion of this form is required. Original evaluations must be signed and submitted before continuing a co-op or internship. If you are not renewing, evaluations must be submitted on or before the last day of the semester. Failure to submit evaluations before the end of the semester may result in a delay in or denial of the renewal process.

This evaluation will **NOT** be shared with your employer, so please answer as candidly as possible. **Please print legibly or type the form by opening the PDF through Adobe.** Turn in the completed signed evaluation to Career Services or mail/email the form (contact information above).

This evaluation is for Intern/Co-op term: Fall Summer Spring YEAR: _____
This is my 1st 2nd 3rd 4th 5th 6th term with this employer.
Date you started working for this company(month/date/year): _____

STUDENT INFORMATION

FIRST NAME: _____ **LAST NAME:** _____ **NICKNAME:** _____
Email: _____ **STUDENT ID NUMBER:** _____
Anticipated Date of Graduation: _____
Major: _____
Current Mailing Address: (Street) _____
(City) _____ (State) _____ (Zip Code) _____
Phone (Home): () _____ Phone (Cell): () _____
How many hours per week did you work: Part Time (indicate # of hours: _____) Full Time (indicate # of hours: _____)
Salary: \$ _____ per _____

EMPLOYER INFORMATION

Company Name: _____ Company Phone: () _____
Name and Title of Primary Co-op/Internship Contact at Work Site: _____
Name and Title of your Immediate Supervisor, if different from above: _____

EXPERIENCE ASSESSMENT

Summarize your responsibilities/duties during this co-op/internship work term:

List 3-5 of your most significant accomplishments/achievements during this co-op/internship work term: What did you personally accomplish? How did you contribute to your employer's goals?:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



EVALUATION OF POSITION: Please evaluate your work site and co-op/internship position below, offering an explanation if necessary.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Explain further, if necessary
This position provided me with an opportunity to apply what I am learning in this classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
This position helped me develop professional skills related to my degree and field of interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
There was an adequate amount of supervision and support at my work site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The position helped me to clarify my career plans and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The position helped me to improve my communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I was provided with an opportunity to learn the ethical standards of the profession and industry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I would recommend this employer to a fellow student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide an overall evaluation of this quarter's co-op/internship position: Excellent Good Satisfactory Poor Unsatisfactory
 Explain:

PERFORMANCE SKILLS SELF ASSESSMENT: The categories below reflect the evaluation criteria on the "Employer Evaluation Form." We would like you to evaluate your performance using the same categories as the employer. Please include specific comments, examples and observations to support your ratings.

Using the following scale, please evaluate YOUR performance at your work site in the areas listed below by checking the appropriate box:
 1- Excellent (the best or one of the best in this category)
 2- Good (above average but not excellent)
 3- Satisfactory (average when compared to others in this category)
 4- Poor (lacking in some important aspects or less than satisfactory)
 5- Unsatisfactory (lack of ability, failure to use it, or any other cause)
 NA – not applicable or no opportunity to observe

Performance Skills	Rating Scale						Comments
	1	2	3	4	5	NA	
VERBAL COMMUNICATION:							
Speaks with clarity and confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits good listening/questioning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WRITTEN COMMUNICATION:							
Writes clearly and concisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANALYTICAL ABILITY:							
Solves problems/makes decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LEARNING/ THEORY AND PRACTICE:							
Learns new material quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TEAMWORK:							
Works effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates flexibility and adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TECHNOLOGY:						
Understands the technology of the industry/discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISION:						
Responds to feedback and direction from supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL BEHAVIOR:						
Dresses in accordance with the work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits good time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaves professionally with respect to language, boundaries, diversity, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctual/good attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK ETHIC:						
Work is of the highest quality and appropriate volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows initiative and is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If in a LEADERSHIP role, please rate: Gives direction, guidance and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are continuing in this position, what are your learning and/or professional goals for the next co-op work term?:

- _____
- _____
- _____
- _____
- _____

Student Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR CAREER SERVICES USE ONLY

Career Services Checklist:

- Worked prescribed dates. Submitted Employer Evaluation.
 Submitted Student Evaluation on time. Received satisfactory or above rating from employer.

Career Services Signature: _____ Date: _____

Comments: