



**CO-OP EVALUATION FORM**

Name of Student: \_\_\_\_\_ Co-op Start Date: \_\_\_\_\_ Co-op End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Name and Title of Student Supervisor: \_\_\_\_\_

Briefly describe the training provided for the student during the Co-op:

Did the student perform the duties assigned according to expectations? \_\_\_\_\_

Was the quality and quantity of work satisfactory? \_\_\_\_\_

Did the student exhibit a professional demeanor? \_\_\_\_\_

Comments:

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_