



**COOPERATIVE WORK EXPERIENCE / INTERSHIP PROGRAM
SUPERVISOR END OF TERM EVALUATION**

(To be completed by the Supervisor)

Supervisor's Name:		Company's Name	
Company/Worksite:		Student's name:	
Supervisor Signature:		Date:	

As the employer, please evaluate the student/employee on the following workplace competencies. Please also evaluate the student's achievement of and overall performance on the workplace learning objectives. This evaluation will be available for viewing by all parties.

This is an evaluation of the student as a worker in the company and as a student in the Cooperative Work Experience Program. Your evaluation will help the college instructor assess the students overall class performance. MARK AN "X" IN THE SELECTED CATEGORY	EXCELLENT 5	ABOVE AVERAGE 4	SATISFACTORY 3	NEEDS IMPROVEMENT 2
<u>PERSONAL APPEARANCE</u> Standard: Dresses appropriately. Grooming is above approach.				
<u>HUMAN RELATIONS</u> Standard: Is cooperative, courteous, and friendly to customers, associates, and supervisors. Accepts suggestions and controls his/her emotions.				
<u>ATTITUDE</u> Standard: Is eager to improve. Progresses on own initiative; dependable, enthusiastic, sincere, has appropriate work habits. Uses good judgment.				
<u>WORKMANSHIP AND SKILL</u> Standard: Strives for improvement; shows thoroughness, accuracy, and precision in detail. Has satisfactory performance and speed.				
<u>PUNCTUALITY AND DEPENDABILITY</u> Standard: Meets deadlines and is prompt.				
<u>ATTENDANCE</u> Standard: Attends as scheduled				
<u>OVERALL WORK PERFORMANCE</u>				

To what extent do you feel the student met the objectives agreed upon between you, the supervisor, the student and the instructor. Answer Yes/No on achievement and rate the performance of the student.

Workplace Learning Objective #1 Achieved _____	Excellent _____	Good _____	Fair _____	Poor _____
Workplace Learning Objective #2 Achieved _____	Excellent _____	Good _____	Fair _____	Poor _____
Workplace Learning Objective #3 Achieved _____	Excellent _____	Good _____	Fair _____	Poor _____

INSTRUCTOR USE ONLY

Pursuant to Title 5 § 55257, the worksite:

- Meets the appropriate requirements
- Does not meet the appropriate requirements

Instructor's Signature: _____
Date: _____