



West Los Angeles College  
Cooperative Work Experience Education

Midterm Assessment  
(To be Completed by Professor)

Student ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_  
Last name first name

Company Name: \_\_\_\_\_

Work Site Supervisor: \_\_\_\_\_

WORK Experience Course Title: \_\_\_\_\_

Work Experience Course Professor: \_\_\_\_\_

Sect#: \_\_\_\_\_ Units:(Check One)

<b>1 UNIT</b>	<b>2 UNITS</b>	<b>3 UNITS</b>	<b>4 UNITS</b>
60 non-paid or 75 paid	120 non-paid or 150 paid	180 non-paid or 225 paid	240 non-paid or 300 paid

*Unit selected needs to match General Information Form*

**Record of Work Site Visit (Must Meet With Work Site Supervisor)**  
In person or alternative method can use

Method (check one):

In person site visit

**OR** Alternate to in-person site visit conducted via:

Phone

Email

Video conference

Date of last Site Visit/  
Evaluation:

\_\_\_\_\_

Note: General working environment: \_\_\_\_\_

Safety conditions: \_\_\_\_\_

Supervision: \_\_\_\_\_

Other factors: \_\_\_\_\_

Work Site Supervisor's opinion of student progress: \_\_\_\_\_

\_\_\_\_\_

Faculty assessment of student strengths: \_\_\_\_\_

\_\_\_\_\_

Faculty suggestions for improving performance: \_\_\_\_\_

\_\_\_\_\_

