

Valdosta State University Cooperative Education

Cooperative Education LOCATION Powell Hall — West • Room 1100 • ADDRESS 1500 N. Patterson St. • Valdosta, GA 31698–0169 PHONE 229.333.7172 • FAX 229.245.3881 • WEB www.valdosta.edu/coop/ • E-MAIL coop@valdosta.edu A Regional University of the University System of Georgia & an Equal Opportunity Institution

EMPLOYER EVALUATION

Instructions: Evaluation form should be completed by student's immediate supervisor. Evaluation is used to facilitate the student's professional growth. Please provide as much information as possible and review this with the student.

Student	Position	Semester/Year			
Company					
Supervisor					
Phone Number	Email	Fax			

Learning Objectives	Qua	Quality of Work						
1= successfully met learning objective	1= E	1=Excellent						
2=met learning objective	2=G	2=Good						
3 = made some progress toward meeting			3=Average					
learning objective		4=Marginal						
4 = made little progress toward meeting learning objective			5= Needs Improvement					
5 = did not make progress toward meeting learning objective								
	1	2	3	4	5			
Learning Objective #1	0	0	0	0	Ο			
Quality of Work	0	0	0	0	0			
Learning Objective #2	0	0	0	0	0			
Quality of Work	0	0	0	0	0			
Learning Objective #3	0	0	0	0	0			
Quality of Work	0	O	0	0	0			

1= Excellent	nt 2= Good 3=Average 4= Marginal 5= Needs		5= Needs Imp	provement	NA= Not Applicable			;	
				1	2	3	4	5	NA
Accepted and	followed di	rections		0	0	0	0	0	0
Worked effect	ively with o	others		0	0	0	0	0	0
Took initiative in starting tasks			0	0	0	0	0	0	
Demonstrated	competenc	y in skills req	uired for position	ц ()	0	0	0	0	0
Learned new skills efficiently			0	0	0	0	0	0	
Completed assigned tasks on time			0	0	0	0	0	0	
Met designate	d standards	in work perfo	ormance	0	0	0	0	0	0
Demonstrated interest in work				0	0	0	0	0	0
Demonstrated creativity in completing tasks			0	0	0	0	0	0	
Worked independently when needed			0	0	0	0	0	0	
Communicate	d effectivel	y: Written		0	0	0	0	0	0
	V	/erbal		0	0	0	0	0	0
Made appropriate job-related decisions			0	0	0	0	0	0	
Demonstrated	understand	ing of profess	sional work ethics	s ()	0	0	0	0	0

OVERALL WORK ETHIC/WORK PERFORMANCE (check appropriate column)

Employer Comments regarding student's progress and work performance: (*use additional paper if necessary; letters of recommendation are accepted*)

Supervisor's Signature	Date
Student Signature	Date
5	