



Valdosta State University
Office of Cooperative Education
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Phone (229) 333-7172 / Fax (229) 245-3881

EMPLOYER'S 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 _____ **Supervisor Position** _____
Phone Number _____ **Email** _____ **Fax** _____

Learning Objectives	Quality of Work
1 = successfully met learning objective	1= Excellent
2=met learning objective	2=Good
3 = made some progress toward meeting learning objective	3=Average
4 = made little progress toward meeting learning objective	4=Marginal
5 = did not make progress toward meeting learning objective	5= Needs Improvement

	1	2	3	4	5
Learning Objective #1	()	()	()	()	()
Quality of Work	()	()	()	()	()
Learning Objective #2	()	()	()	()	()
Quality of Work	()	()	()	()	()
Learning Objective #3	()	()	()	()	()
Quality of Work	()	()	()	()	()

