

**C O N F I D E N T I A L**

Employer Evaluation of Cooperative Education Student

Please return to:

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Name of Student \_\_\_\_\_

Name of Company \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Student's Area of Study \_\_\_\_\_ Graduation Date \_\_\_\_\_

Co-op Work Term \_\_\_\_\_ out of \_\_\_\_\_ Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

***Instructions: The immediate supervisor should evaluate the student objectively. Please compare this student's performance with that of other students of comparable academic levels and co-op work experience.***

<b>Work Performance</b>	<b>Outstanding</b>	<b>Very Good</b>	<b>Acceptable</b>	<b>Poor</b>	<b>Unacceptable</b>	<b>N/A</b>
Attendance & punctuality	5	4	3	2	1	
Quantity of work	5	4	3	2	1	
Quality of work	5	4	3	2	1	
Attitude towards work	5	4	3	2	1	
Ability to learn	5	4	3	2	1	
Initiative	5	4	3	2	1	
Time management skills	5	4	3	2	1	
Dependability	5	4	3	2	1	
Ability to work on a team	5	4	3	2	1	
Verbal communication skills	5	4	3	2	1	
Written communication skills	5	4	3	2	1	
Maturity/Poise	5	4	3	2	1	
<b>Overall Performance</b>	5	4	3	2	1	

*This evaluation form is continued on the next two pages.*

**University of Wisconsin-Milwaukee College of Engineering and Applied Science  
COOPERATIVE EDUCATION STUDENT**

A part of the plan for continuous quality improvement at the College of Engineering and Applied Science at UWM is to gain an assessment of how well our engineering programs are preparing our students for their careers by their potential employers. The goal is to use your feedback to improve the quality of our programs and to place better prepared graduates in the work force.

1. Briefly describe the student's co-op work assignment.

2. What are the student's strongest assets?

3. In what areas should the student strive to improve?

4. Keeping in mind the student's current status in his/her engineering program (ie., just completed the sophomore year, junior-standing, or senior-standing), please assess the student's academic preparation for this co-op assignment.

Has this evaluation been discussed with the student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will this student be asked to return for his/her next scheduled Co-op work term?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ This is his/her last scheduled work term

If this was the final scheduled Co-op work term, would you consider hiring this student full-time, assuming an opportunity arises? \_\_\_\_\_ Yes \_\_\_\_\_ No

Evaluated by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Company Co-op Coordinator \_\_\_\_\_ Telephone # \_\_\_\_\_

*You are welcome to attach additional comments you may have about the student's work performance.*