

## Undergraduate Student's Progress Evaluation

Student Name \_\_\_\_\_ ID# M Major \_\_\_\_\_

Employer \_\_\_\_\_ Location \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Co-op Semester(s) Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Supervisor's Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Section I: To be completed by the student's supervisor and shared with the student.**

In an effort to ensure that the student is receiving feedback from his/her employer throughout his/her co-op assignment, we ask that the supervisor complete this section of the evaluation and review it with the student.

**Information/Instructions:**

1. The immediate supervisor should evaluate the student objectively. Please compare the student's performance to that of other students of comparable academic levels and co-op work experience.
2. The student and his/her immediate supervisor should review this form together, discuss the student's strengths and weaknesses with him/her and sign it below.
3. The student must return this completed form to the Co-op Office via mail, fax, or email by the required due date.

Please respond to each performance factor using the following scale:

VS-Very Satisfied	S-Satisfied	N-Neutral	D-Dissatisfied	VD-Very Dissatisfied
-------------------	-------------	-----------	----------------	----------------------

**How satisfied are you with the student's:**

(Please Circle One)

Relations with others VS S N D VD

Judgment VS S N D VD

Ability to learn VS S N D VD

Attitude towards work VS S N D VD

Dependability VS S N D VD

Quality of work VS S N D VD

Punctuality/Attendance VS S N D VD

Overall Performance VS S N D VD

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Section II: To be completed by the student and shared with the supervisor.** Upon completion of form the student should mail, fax, or email this sheet to the Co-op Office.

What aspects of your co-op experience are you most satisfied with?

What aspects of your co-op experience are you least satisfied with?

Are you experiencing any problems or do you have any questions or concerns that you would like a co-op office representative to call you about? Please contact the Career Center at 906-487-2313 or career@mtu.edu.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_