

IOWA STATE UNIVERSITY

Table D7 Student Evaluation of Co-op Work Experience

Name _____ Classification _____ SS# _____
Phone _____

Local (ISU) Mailing Address _____ City/State/Zip _____

Work term number: 1, 2, 3, 4, or 5 Completed during: Fall Spring Summer
_____ (Year)

Academic Major _____ Employer _____ Location _____

Instructions: Please respond and/or make appropriate comments regarding your most recent co-op work experience. Return completed form along with a copy of your employer's evaluation to: Experiential Education Coordinator, Iowa State University, 200 Engineering Annex, Ames, Iowa 50011. Attach extra sheets if space allotted for responses is not sufficient.

Job title you held _____

Salary _____ per month/hour (circle one) Average hours per week _____

Name of immediate supervisor _____ Title _____

Supervisor's work address _____ Phone () _____

Brief description of duties _____

1. To what degree were you able to apply knowledge gained in the classroom to your co-op duties?

2. To what degree do you feel that the co-op work experience contributed to knowledge in your chosen career?

3. To what degree were you adequately trained and supervised during the work term?

4. How would you describe the working conditions and relationships with other employees?

5. Do you feel the nature of tasks assigned and level of responsibility were appropriate considering your academic and work experience level? Please be specific and comment on positive and negative aspects.

6. Provide an overall rating of this work period by circling one of the following:

Outstanding
Poor

Above Average

Satisfactory

Below Average

7. Did you experience any logistical problems in the course of your co-op assignment (housing or transportation)?

8. Did you live with a relative or friends? _____ Rented housing? _____ If rented, name of

complex? _____ Approximate rent expense per month? \$ _____

Address: _____ Phone (____) _____

Short term lease available? _____ Approximate commuting distance from work? _____

9. Any advice for future co-op students who may choose your organization?

10. Please suggest recommendations that could improve the quality of the co-op work experience, either by the employer or through efforts of the ISU Cooperative Education Program.

11. You should arrange a tentative starting date for the next work term with your employer prior to finishing this work term. Your scheduled starting date for your next work term is:

(If you have no additional work terms planned, please check here _____). What is your projected graduation date: (Month and Year) _____

Student's Signature _____

Date _____



Note: If you feel a need to discuss this evaluation, please schedule an appointment with your Co-op Advisor within three weeks of returning to ISU for subsequent semester. Also, be sure to report your new campus address.

Post comments of Advisor _____

Coordinator's Signature

Date _____