

IOWA STATE UNIVERSITY

Table D8 Employer's Evaluation of Cooperative Education Student

Name _____ Academic Major _____

Work Period (1st, 2nd, etc.) _____ Semester _____ Year _____

Circle one: Soph Jr Sr Grad

Employer _____ Location _____

INSTRUCTIONS: The co-op student's supervisor should complete this form and discuss it with the student near the end of each work term. More frequent discussion with or without the form is encouraged to enhance communication regarding the student's performance and facilitate student development during the course of the work term. The student has the responsibility for ensuring that the completed form is returned to: Experiential Education Coordinator, Iowa State University, 200 Engineering Annex, Ames, Iowa 50011.

PERFORMANCE RATING using

Superior | Above Average | Average | Below Average | Unsatisfactory

SKILL (please check appropriate response)

- | | | | | | | | | | |
|---|-------|--|-------|--|-------|--|-------|--|-------|
| 1. Possesses necessary technical knowledge and skills | _____ | | _____ | | _____ | | _____ | | _____ |
| 2. Adapts to changing work assignments and situations | _____ | | _____ | | _____ | | _____ | | _____ |
| 3. Able to cooperate and work with other people... | _____ | | _____ | | _____ | | _____ | | _____ |

Please comment on exceptional points or deficiencies

PERFORMANCE

- | | | | | | | | | | |
|---|-------|--|-------|--|-------|--|-------|--|-------|
| 4. Listens and carries out instructions..... | _____ | | _____ | | _____ | | _____ | | _____ |
| 5. Works effectively without close supervision..... | _____ | | _____ | | _____ | | _____ | | _____ |
| 6. Meets deadlines and schedules | _____ | | _____ | | _____ | | _____ | | _____ |

- | | | | | | | | | |
|---|-------|--|-------|--|-------|--|-------|--|
| 7. Produces acceptable quality of work | _____ | | _____ | | _____ | | _____ | |
| 8. Produces acceptable quantity of work | _____ | | _____ | | _____ | | _____ | |

	Please comment on exceptional points or deficiencies

PERFORMANCE RATING using

Superior | Above Average | Average | Below Average | Unsatisfactory

JUDGMENT

- | | | | | | | | | |
|--|-------|--|-------|--|-------|--|-------|--|
| 9. Demonstrates ability to make decisions or seek appropriate help | _____ | | _____ | | _____ | | _____ | |
| 10. Shows problem-solving ability | _____ | | _____ | | _____ | | _____ | |

	Please comment on exceptional points or deficiencies

ATTITUDE

- | | | | | | | | | |
|--|-------|--|-------|--|-------|--|-------|--|
| 11. Accepts responsibility and is a self-starter | _____ | | _____ | | _____ | | _____ | |
| 12. Exhibits interest and enthusiasm on the job | _____ | | _____ | | _____ | | _____ | |
| 13. Maintains appropriate dress and grooming habits | _____ | | _____ | | _____ | | _____ | |
| 14. Maintains good attendance and is punctual | _____ | | _____ | | _____ | | _____ | |
| 15. Adheres to organizational regulations | _____ | | _____ | | _____ | | _____ | |

	Please comment on exceptional points or deficiencies

ADDITIONAL COMMENTS ABOUT PERFORMANCE AND/OR AREAS FOR IMPROVEMENT

SUPERVISOR'S OVERALL EVALUATION OF STUDENT'S PERFORMANCE (Please check one appropriate response)

_____ **Exceptional Performance.** Student exceeded all expectations.

_____ **Very Good Performance.** Student performed as well as or better than expected.

_____ **Average Performance.** Student performed satisfactorily, though some improvement is needed in one or several areas.

_____ **Marginal Performance.** Student requires substantial improvement in one or several key areas.

Evaluation has been discussed with student? _____ Yes _____ No

Supervisor's Name (print) _____ Phone () _____

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____