

**Columbia State
Employer Mid-term Evaluation of
Cooperative Education Student**

Student's Name _____

Academic Semester: Fall Spring Summer Year: _____

Employer: _____

The workplace supervisor will evaluate the student's performance, based on company or workplace standards.

Please indicate your level of satisfaction with student's performance in the following areas, by marking the appropriate bubble.

	Strongly Satisfied	Satisfied	Dissatisfied	Strongly Dissatisfied
<u>Relationships with others</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Judgment</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Communication Skills</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Attitude</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Dependability</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please circle one response in each of the following categories:

Attendance: Regular Irregular **Punctuality:** Regular Irregular

Overall Performance: Excellent Above Average Average Below Average Poor

Please note additional comments below:

******Please discuss this evaluation with the student and sign.**

Signed _____ (Workplace Supervisor) Date: _____

Student's signature _____ Date: _____

Form to be returned to faculty sponsor upon completion