



Cooperative Education Student Learning Assessment

Please complete this form, sign, date and mail to:

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GENERAL INFORMATION

Student Name	Academic Program
Site Name	

STUDENT LEARNING ASSESSMENT

Please answer the questions below. Your answers and the examples you provide will be valuable in evaluating the work-experience program and your specific placement experience. **This form together with your employer evaluation must be submitted to the Cooperative Education Office before credit can be awarded.**

What did you use or observe in your placement that you learned in your classes?

What did you learn through actual experience that you don't think you could have learned in the classroom?

What skills did you develop in your work experience?

How did your placement assist you in exploring or testing career interests?

STUDENT LEARNING ASSESSMENT (continued)

In what ways did your work experience develop your self-esteem and sense of responsibility? Describe any other personal rewards.

Has your employer offered you a long-term position or other employment career help after graduation? Please explain.

What do you think are the strengths and weaknesses of the work-experience courses and services?

Any other comments or suggestions?

Please select the boxes that correspond to the co-op activities you would like to participate in after graduation.

- Co-op student panels
- One-on-one sessions with co-op students
- Co-op Advisory Board
- Mock interviews

REQUIRED

Student Signature

Date