

## Cooperative Education Student Learning Assessment

Please complete this form, sign, date and mail to: Julie Greene, Director, Career Services and Cooperative Education, CT State Manchester, Great Path, MS #8, P.O. Box 1046, Manchester, CT 06045-1046 | Email: [julie.greene@ctstate.edu](mailto:julie.greene@ctstate.edu) | Phone: 860-512-3372 | Fax: 860-512-3371

### 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?

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

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What skills did you develop in your work experience?

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

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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
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