

Cooperative Education Supervisor's Evaluation Report

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

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GENERAL INFORMATION

Site Name		Date
Supervisor's Name	Title	
Student's Name	Student Title	

EVALUATION OF CO-OP STUDENT'S WORK EXPERIENCE

Please select only one in each category.

<p>Relations with Others</p> <input type="checkbox"/> Exceptionally well accepted <input type="checkbox"/> Works well with others <input type="checkbox"/> Gets along satisfactorily <input type="checkbox"/> Has some difficulty working with others <input type="checkbox"/> Works very poorly with others <input type="checkbox"/> Unable to evaluate	<p>Attitude—Application to Work</p> <input type="checkbox"/> Outstanding in enthusiasm <input type="checkbox"/> Very interested and industrious <input type="checkbox"/> Average diligence <input type="checkbox"/> Somewhat indifferent <input type="checkbox"/> Definitely not interested <input type="checkbox"/> Unable to evaluate	<p>Judgment</p> <input type="checkbox"/> Exceptionally mature <input type="checkbox"/> Above average in making decisions <input type="checkbox"/> Usually makes the right decision <input type="checkbox"/> Often uses poor judgment <input type="checkbox"/> Consistently uses poor judgment <input type="checkbox"/> Unable to evaluate	<p>Dependability</p> <input type="checkbox"/> Completely dependable <input type="checkbox"/> Above average dependability <input type="checkbox"/> Usually dependable <input type="checkbox"/> Sometimes neglectful or careless <input type="checkbox"/> Unreliable <input type="checkbox"/> Unable to evaluate
<p>Ability to Learn</p> <input type="checkbox"/> Learns very quickly <input type="checkbox"/> Learns readily (works with minimal supervision) <input type="checkbox"/> Average in learning <input type="checkbox"/> Rather slow to learn <input type="checkbox"/> Very slow to learn <input type="checkbox"/> Unable to evaluate	<p>Quality of Work</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Very poor <input type="checkbox"/> Unable to evaluate	<p>Serves Clients/Customers</p> <input type="checkbox"/> Extremely attuned to needs of clients <input type="checkbox"/> Very supportive, enthusiastic <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Inconsistent; sometimes not attentive to needs of client <input type="checkbox"/> Unable to evaluate	<p>Works with Diversity</p> <input type="checkbox"/> Excellent awareness and respect for cultural differences <input type="checkbox"/> Recognition of standards other than his/her own <input type="checkbox"/> Needs improvement <input type="checkbox"/> Demonstrates lack of willingness to accept others different from self <input type="checkbox"/> Unable to evaluate
<p>Negotiating Ability/Problem Solving</p> <input type="checkbox"/> Excellent use of resources, ability to reach consensus <input type="checkbox"/> Clearly identifies problems and solutions <input type="checkbox"/> Listens and provides support <input type="checkbox"/> Unable to independently resolve conflict <input type="checkbox"/> Unable to evaluate	<p>Punctuality</p> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	<p>Attendance</p> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	
<p>Performance</p> <input type="checkbox"/> Outstanding performance; substantially exceeded expectations <input type="checkbox"/> Exceeded expectations and performance standards <input type="checkbox"/> Met all performance standards <input type="checkbox"/> Met some performance standards, but did not meet expectations <input type="checkbox"/> Performance substantially below normal expectations and standards			

EVALUATION OF CO-OP STUDENT'S WORK EXPERIENCE

Please indicate any particular strengths and/or weaknesses you feel this student possesses.

Please describe what you feel the student has learned during this experience, and what personal or professional growth he/she has demonstrated.

Please make any comments regarding the work experience/co-op program at MCC you feel are appropriate.

If there was a position available, would you consider hiring this student as a full-time employee upon graduation? Yes No

If yes, did you offer this student full-time employment? Yes No

Or did you offer this student part-time employment? Yes No

Has this evaluation report has been discussed with the student? Yes No

Please select all that apply.

- The co-op student/intern will remain with us for the next semester
- I will need a co-op student/intern for the next semester
- Please call me to discuss future co-op and intern opportunities
- I know of someone else who would like information about the program:

Contact name:

Company name:

Phone:

Email:

REQUIRED

Supervisor's Signature and Title

Date