



Student's Evaluation of Workterm

NAME _____ STUDENT # _____ FACULTY _____

WORK TERM # _____ YEAR _____ SUMMER FALL WINTER

EMPLOYER _____ SUPERVISOR _____

Please take a few moments to evaluate the work experience you have most recently completed. The information you supply may be shared with other students who wish to assess the position and employer for future job opportunity. If necessary, Co-op staff will also use this information to consult with an employer about upgrading the quality of future work terms.

Orientation

Was your workplace orientation timely and adequate? Yes No

Overall comments on orientation:

Job Training

Did you attend any formal training sessions? Yes No

Did you feel the training provided prepared you to do the tasks required? Yes No

Overall comments on training: Yes No

Supervision and Direction

Were you able to consult with your supervisor as needed? Yes No

Were tasks assigned clearly? Yes No

Did you receive informal and/or formal feedback on your performance? Yes No

Overall comments on supervision/direction:

The Position

Were the work duties the same as those discussed in the job description and interview? Yes No

Did you feel qualified for the position? Yes No

Was this position appropriate for a student on your work term level? Yes No

(please turn over ^)

Was this position an adequate advancement over your previous work term (if applicable)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Was this position technically/academically challenging?

Were you kept busy for the entire work term?

Was this position related to your studies?

Overall comments on the position:

The Organization and Workplace

Would you consider this organization to be a positive and supportive work environment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

As a student, were you treated differently from other employees?

Were you associated with other students (Co-op or non Co-op)?

Please identify your primary work environment:

<input type="checkbox"/>	Office
<input checked="" type="checkbox"/>	Laboratory
<input type="checkbox"/>	Field
<input type="checkbox"/>	Plant/Industrial
<input type="checkbox"/>	Other: _____

Did you have any safety concerns?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Overall comments on the organization:

Overall Evaluation of the Workterm

<input type="checkbox"/>	Far exceeded my expectations.
<input type="checkbox"/>	Was better than I expected.
<input checked="" type="checkbox"/>	Met my expectations.
<input type="checkbox"/>	Was somewhat disappointing.
<input type="checkbox"/>	Clearly did not meet by expectations.

Would you recommend this position to other Co-op students?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Would you recommend this employer to other Co-op students?

Additional or Clarifying Comments

Thank you for contributing to the continued success of your Co-op Program.