

COOPERATIVE WORK EXPERIENCE

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EMPLOYER EVALUATION

STUDENT _____ START DATE: _____
 JOB TITLE: _____ END DATE: _____
 JOB SITE: _____ SUPERVISOR: _____
 SUPERVISOR PHONE: _____

EVALUATION*	CAN IMPROVE	AVERAGE	ABOVE AVERAGE	OUTSTANDING EXCELLENT	NOT APPLICABLE
ATTITUDE & INTEREST					
QUALITY OF WORK					
QUANTITY OF WORK					
DILIGENCE & PERSISTENCE					
INITIATIVE (WORKS WITHOUT INSTRUCTIONS)					
APPEARANCE (HYGIENE)					
COOPERATION WITH OTHERS					
MOTIVATION					
ABILITY TO LEARN					
DEPENDABILITY RELIABILITY					

* If you have not observed certain areas, please mark N/A.

EQUIPMENT USED: _____

WOULD YOU CONSIDER THE EMPLOYEE AS BEING JOB READY? YES () NO ()
 STRENGTHS: _____

AREAS TO IMPROVE: _____

COMMENTS: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____