

COOPERATIVE WORK EXPERIENCE

CLATSOP COMMUNITY COLLEGE
 1653 JEROME AVENUE
 ASTORIA, OR 97103
 (503) 338-2480
 FAX (503) 325-5738
 cwedirector@clatsopcc.edu



EVALUATION OF OFFICE SYSTEMS WORK EXPERIENCE STUDENT

STUDENT _____
 JOB TITLE _____
 JOB SITE _____

START DATE _____
 END DATE _____
 SUPERVISOR _____
 SUPERVISOR PHONE _____

Skill Evaluated	Needs Improvement	Average	Above Average	Outstanding	Does Not Apply
Ability to Manage Multiple Office Tasks					
Ability to Prioritize and Delegate Tasks					
Professional Image Does the student's personal appearance and hygiene appropriate in the context of this work environment?					
Customer Service Skills					
Filing/Record Keeping Skills					
Operating Office Equipment					
Distributing Mail					
Telephone Skills					
Calculation Skills Is the student able to perform basic mathematical calculations?					
Bookkeeping Skills					

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

EQUIPMENT USED IN THE WORKPLACE:

See Page 2 ➔

**EVALUATION OF OFFICE SYSTEMS COOPERATIVE WORK
EXPERIENCE STUDENT (continued)**



DID THE STUDENT MEET HER/HIS LEARNING OBJECTIVES FOR THE TERM?
(See Learning Agreement)

WHAT ARE THE STUDENT'S STRENGTHS?

IN WHAT AREAS DOES THE STUDENT NEED TO IMPROVE?

**WOULD YOU RECOMMEND THIS STUDENT FOR AN ENTRY LEVEL POSITION
IN THIS FIELD? Yes ____ No ____.**

SUPERVISOR'S SIGNATURE: _____

DATE: _____