

COOPERATIVE WORK EXPERIENCE

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WORKSITE EVALUATION

STUDENT _____ START DATE: _____
 JOB TITLE: _____ END DATE: _____
 WORK SITE: _____

CRITERIA*	VERY SATISFIED	SATISFIED	DISSATISFIED	VERY DISSATISFIED	NOT APPLICABLE
HELPFULNESS OF WORKSITE STAFF					
ACCEPTANCE AND SUPPORT					
ADEQUATE ORIENTATION AND TRAINING					
MEANINGFUL TASKS TO PERFORM					
RECOGNITION FOR MY EFFORTS					
ADEQUATE SUPERVISION					

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

Overall, how would you rate your volunteer experience?

EXCELLENT _____ **GOOD** _____ **FAIR** _____ **POOR** _____

STUDENT'S EVALUATION OF WORKSITE RELEASE:

 Name of Student

 Date

I hereby authorize release of my evaluation of the above named worksite to personnel of that worksite for the purpose of helping them evaluate their handling of volunteer workers.

 Student's Signature

 Date