

# COOPERATIVE WORK EXPERIENCE

CLATSOP COMMUNITY COLLEGE  
 1653 JEROME AVENUE  
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## EVALUATION OF WORK EXPERIENCE STUDENT

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 ( <i>WORKS WITHOUT INSTRUCTIONS</i> )					
APPEARANCE (HYGIENE)					
COOPERATION WITH OTHERS					
MOTIVATION					
ABILITY TO LEARN					
DEPENDABILITY RELIABILITY					

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

EQUIPMENT USED: \_\_\_\_\_

**DID THE JOB REQUIRE THE STUDENT TO USE WRITING SKILLS? Yes \_\_\_ No \_\_\_**

If so, were his/her writing skills sufficient? Yes \_\_\_ No \_\_\_.

**DID THE JOB REQUIRE THE STUDENT TO USE MATH SKILLS? Yes \_\_\_ No \_\_\_.**

If so, were his/her math skills sufficient? Yes \_\_\_ No \_\_\_.

**DID THE JOB REQUIRE THE STUDENT TO USE SPEECH SKILLS? Yes \_\_\_ No \_\_\_.**

If so, were his/her speech skills sufficient? Yes \_\_\_ No \_\_\_.

**WOULD YOU CONSIDER THE STUDENT TO BE JOB READY? YES \_\_\_ NO \_\_\_.**

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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