### Cooperative Education Program
### Student Progress Evaluation

<table>
<thead>
<tr>
<th>Name: (First)</th>
<th>(Middle)</th>
<th>(Last)</th>
<th>Student ID #:</th>
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</thead>
<tbody>
<tr>
<td><strong>Major:</strong></td>
<td>Class Status While on Co-op/Intern (circle one): Soph. Jr. Sr. Masters PhD</td>
<td># of Semesters at Tech:</td>
<td></td>
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<tr>
<td><strong>Co-op/Intern Employer</strong> (Company Name)</td>
<td>City/State/Zip</td>
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<tr>
<td><strong>Supervisor Name:</strong></td>
<td>Title:</td>
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<tr>
<td><strong>Supervisor email address:</strong></td>
<td>Phone:</td>
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### Information/Instructions:
In an effort to ensure that the student is receiving feedback from his/her employer throughout his/her co-op assignment, we ask that the supervisor complete this section of the evaluation and review it with the student.

- The immediate supervisor should evaluate the student objectively. Please compare the student’s performance to that of other students of comparable academic levels and co-op work experience.

- The student and his/her immediate supervisor should review this form together, discuss the student’s strengths and weaknesses with him/her and sign it below.

- The student must return this completed form to the co-op office.

#### Relations with others
- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

#### Ability to learn

#### Attitude towards work

#### Dependability

#### Quality of work

#### Punctuality/Attendance

#### Overall Performance

### 1. To be completed by the student’s supervisor and shared with the student:

#### Describe activities/goals the student has accomplished and what activities/goals remain to be achieved?
(add attachment if necessary)

#### Any specific areas where the student demonstrates strengths? (add attachment if necessary)

#### Any specific areas of improvement student needs to address? (add attachment if necessary)

### 2. To be completed by the student and shared with the Supervisor:

#### What aspects of your co-op experience are you most satisfied with? (add attachment if necessary)

#### What aspects of your co-op experience are you least satisfied with? (add attachment if necessary)

#### Are you experiencing any problems or do you have any questions or concerns that you would like a co-op office representative to call you about? (add attachment if necessary)

### Student Signature & Date Required

X Date: