

**Cooperative Education Internship Program
Career Development Center
Western Connecticut State University**

Employer's Final Cooperative Education Internship Evaluation

Employer _____

Address _____

Prepared By _____ Date _____

TO THE EMPLOYER

By evaluating and commenting on the performance of your cooperative education internship student you will help him/her develop good career skills and provide feedback to improve the quality of our programs. If you have questions about this form or about cooperative education internship, call 203-837-8263.

Student's name _____ Major _____

Job Title _____ Starting Date of Internship _____

Instructions

- First please check the three most important skills for the co-op.
- Then please rate student performance in each of the 11 areas by checking the appropriate box ranging from highly competent to unacceptable.

Check 3 Most Important	General Skills	Highly Competent	Competent	Marginal	Unacceptable	Additional Comments
<input type="checkbox"/>	Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Critical Thinking / Analytical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Group / Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Computer / Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Organizational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please include any additional skills areas (e.g., Excel, research, etc.) required by the job.

Check 3 Most Important	Job Specific Skills	Highly Competent	Competent	Marginal	Unacceptable	Additional Comments
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Continued)

Please make any additional comments that you feel would help your cooperative education internship student or help us prepare future students for employment.

CERTIFICATION OF HOURS
I certify that the student named on the front of this form has worked at least _____ (total number of hours) during the period between _____ and _____ (provide dates).
Signature of employer _____ Date _____

We encourage you to review this form and its contents with your cooperative education internship student.

Please return this form directly to:
Dr. Anthony Ciarleglio, Director of Cooperative Education
Career Development Center
Western Connecticut State University
181 White Street
Danbury, CT 06810

You may also fax this form to 203-837-8540 or email it to ciarleglio@wcsu.edu.

Thank You