



# Business Co-operative Education

\*Note: Complete this form electronically, if possible.  
Download a blank form to your computer in order for the digital signature feature to appear.

## Employer's Evaluation of Work Term

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STUDENT:	_____	WORK TERM:	_____
EMPLOYER:	_____	LOCATION:	_____
START DATE:	_____	FACULTY:	_____

### USE OF THE EVALUATION FORM

This form should be completed by the individual in the best position to evaluate the student's performance. Each student will benefit from constructive criticism given by a supervisor on job performance.

This form is meant to be used by both the student and the supervisor. It will work best if the student and supervisor discuss work term objectives at the beginning, middle and towards the end of the term. The student should arrange meetings with the supervisor for these discussions. Section I is a statement of performance and professional/personal objectives for the term. It should be completed during the first week of work and returned to the Co-operative Education Office.

Evaluation is a continuous process. Periodic feedback will make the student aware of his/her strengths and areas for improvement as they become apparent.

## SECTION 1 - Work Term Objectives

### PERFORMANCE OBJECTIVES FOR THIS WORK TERM

Supervisor: What are the student's job performance objectives?

Student: What do you wish to learn?

**PROFESSIONAL/PERSONAL OBJECTIVES FOR THIS WORK TERM**

Supervisor: What professional/personal growth do you expect from the student?

Student: What are your professional/personal expectations for this work term?

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**EMPLOYER**

Name and title of person completing this evaluation form - (usually the supervisor, a manager or a representative of human resources)

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_