

Date: \_\_\_\_\_

**Faculty Coordinator's Evaluation Form**  
(To be completed **AFTER** the final site visit)

\_\_\_\_\_  
Student Visited

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Coordinator

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Title/Dept

**FACULTY COORDINATOR'S GRADE RECOMMENDATION:** \_\_\_\_\_

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Criteria	Excellent	Satisfactory	Unsatisfactory
Employer satisfaction with student's achievement compared to performance objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well matched is the Co-op student to the job he/she filled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer satisfaction with the Cooperative Education Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraisal of the on-the-job supervision of student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraisal of the learning experiences available to Co-op students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does student plan on returning to this employer for another assignment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When? _____
If No, does employer need a replacement Co-op Student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If other hiring needs are known, please describe on back. Please feel free to make additional comments or suggestions on back.