



# Methodist Pilley Institute

## Co-Op Student Evaluation

(TO BE COMPLETED BY EMPLOYERS)

Student Name: \_\_\_\_\_

Student ID No.: \_\_\_\_\_

Co-op term: (please tick ✓ the correct work term and the year)

**1 Sep – 31 Oct** (Year: \_\_\_\_\_)

**1 Nov – 31 Dec** (Year: \_\_\_\_\_)

**Other (please specify) Term: \_\_\_\_\_ (Year: \_\_\_\_\_)**

This form is to be completed by the Co-Op/ intern's Supervisor.

- 1) Kindly use one form per student.
- 2) You may photocopy/re-print this form if necessary.
- 3) This evaluation should be completed by the individual in the best position to assess the student's performance.

*A discussion of the evaluation with the student would be most beneficial to his/her career development.*

### **Co-Op in Malaysia:**

Please submit hardcopy to their respective Co-Op coordinator in faculty prior to the **LAST DAY** of Co-Op.

### **Co-Op in Oversea:**

Please email softcopy to their respective Co-Op coordinator in faculty prior to the **LAST DAY** of Co-Op.

**Employers may choose to complete and submit the evaluation form in the following ways:**

(a) Hardcopy of this form to:

#### **Cooperative Education & Career Services (CECS)**

Methodist Pilley Institute  
Jalan Lily, 96000 Sibu, Sarawak  
Tel: +6 (084) 322268

OR

(b) Softcopy of this form to CECS Office @ Email: [atshii@pilley.edu.my](mailto:atshii@pilley.edu.my)

Thank you for your input.

Programme: \_\_\_\_\_ Level: **YEAR 1 / YEAR 2 / YEAR 3 / YEAR 4**

Student's Salary/Allowance Rate: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Other Benefits: \_\_\_\_\_ Overtime: **YES / NO**

**1. Evaluation of Student** *(Please rate the student in the following areas using the scale below. Circle the appropriate score.)*

**5** = Strongly Agree    **4** = Agree    **3** = Somewhat agree    **2** = Disagree    **1** = Strongly disagree    **X** = Not Applicable

1	After a reasonable training period, the student was able to carry out the responsibilities assigned to him or her.	5	4	3	2	1	X
2	The student appeared to handle most of the problems or conflicts that arose during co-op/internship effectively.	5	4	3	2	1	X
3	The student demonstrated initiative in handling a problem or special project that occurred during the co-op/ internship.	5	4	3	2	1	X
4	The student was reliable about coming to work on time, and returning to work promptly from any scheduled breaks.	5	4	3	2	1	X
5	The student was more concerned about finishing a task or solving a problem before he or she left for the day, rather than if it was quitting time.	5	4	3	2	1	X
6	The student was able to find useful activities with which to occupy him or herself if he or she found a drop in work responsibilities.	5	4	3	2	1	X
7	The student maintained an enthusiastic demeanour throughout the co-op/internship experience.	5	4	3	2	1	X
8	The student demonstrated professional conduct throughout the co-op/internship experience.	5	4	3	2	1	X
9	The student was able to maintain productive working relationship with fellow employees.	5	4	3	2	1	X
10	The student was receptive to constructive criticism.	5	4	3	2	1	X
11	The student demonstrated leadership abilities.	5	4	3	2	1	X
12	The student was appropriately dressed and groomed for his or her position.	5	4	3	2	1	X
13	The student interacted effectively with customers and/or clients.	5	4	3	2	1	X
14	The student seemed to be adequately educated or prepared for the work required of him or her.	5	4	3	2	1	X
15	The student was responsive to supervisor's feedback.	5	4	3	2	1	X

**2. In which aspect of the job do you think the student was most effective?**

# CO-OP STUDENT EVALUATION FORM

3. In which aspect of the job do you think the student was least effective?

4. If you were to assign this student a grade for his or her performance out of a total of 50 possible points, what would it be? Use the grading scale below to guide your decision.

45 – 50	A	(Excellent)
40 – 44	B	(Good)
35 – 39	C	(Satisfactory)
30 – 34	D	(Not satisfactory)
29 and below	F	(Unacceptable work performance)

I would give this student \_\_\_\_\_ points out of a total 50 possible points.

5. Have this evaluation been discussed with the student?    Yes / No  
*(Kindly note that a copy of the employer's evaluation will be made available to the student unless otherwise instructed by the employer)*

6. Would you like to have this student return in the next work term if employment is available?  
Yes / No    *If no, please state reason(s)*

7. What other skills would you have liked the student to have?

8. Please comment on the value of contact with the student's Academic Co-Op Coordinator or Centre staff during the on-site visit.

# CO-OP STUDENT EVALUATION FORM

**9. Student's Task Description** *(Please provide a brief summary of the nature of the student's work term activities/ responsibilities/ training etc. Attach extra pages if necessary)*

# CO-OP STUDENT EVALUATION FORM

10. Are there any other comments you would like to make regarding this student's performance or the Co-op/ internship programme in general?

## Evaluation done by

Immediate Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Registration No: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature : \_\_\_\_\_

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

Company Stamp :