



# 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 hardcopy of this evaluation form to**

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

Methodist Pilley Institute

Jalan Lily, 96000 Sibu, Sarawak

Tel: +6 (084) 322268

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 them	5	4	3	2	1	X
2	The student 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 during the co-op/ internship.	5	4	3	2	1	X
4	The student was reliable in arriving to work on time, and returning to work promptly from any scheduled breaks.	5	4	3	2	1	X
5	The student prioritized finishing tasks or solving problems before leaving for the day,rather than focusing on quitting time.	5	4	3	2	1	X
6	The student was able to find useful activities to occupy themselves if work responsibilities decreased.	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 maintained productive working relationships 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 their 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 adequately educated or prepared for the work required of them.	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?**

[illegible]

# 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. Has 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 :