

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?

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 :