

Evaluation and Follow-Up Survey

Submit this form at the END of Semester

Class # _____

Instructor's Name _____

Semester _____

Year _____

Name: _____

ID #: _____

Male Female

Date of Birth: _____

Employer: _____

City: _____

Supervisor's Name & Title: _____

Do you work: Part-time Full-time Summers Only As a non-paid intern

1. How many semesters have you been enrolled in Cooperative Education: 1 2 3 4

2. How many units of credit have you earned through Cooperative Education? _____

3. Do you plan to attend Palomar College next semester: Yes No Undecided

If your answer is "No," please indicate reason:

Graduating Leaving to accept employment

Receiving Certificate Other (please explain below)

If your answer is "Yes," do you plan to continue Cooperative Education?

Yes No Undecided

4. How do you feel the Cooperative Education program has, or has not, helped you:

5. Recommendations to improve Cooperative Work Experience Education:
