

Class # _____

Palomar College
Cooperative Education

Coordinator Evaluation

Employer/Jobsite Visitation (to be conducted with the supervisor at mid-semester)

Instructor/ Coordinator:

Student:

Supervisor:

Visit Date:

Business Card or Notes:

Cooperative Education Program (discuss with job supervisor)

Discussed the intent and purpose of Work Experience Education: Yes No

Comments: _____

Learning Objectives (discuss with job supervisor)

Progress toward established objectives

	None	In Progress	Completed
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

General Characteristics of Student at the Workplace (discuss with job supervisor)

	Needs Improvement	Satisfactory	Superior	Other
Job Performance/Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Development/Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effect of Education Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Student Final Interview (to be conducted with the student at end of semester)

Date: _____

	Needs Improvement	Satisfactory	Superior	Other
Cooperative Education Requirements/Hours completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completion of Cooperative Educational Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress in Related Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Coordinator Signature	Date	Employer Evaluation: _____
Student Signature	Date	Student Evaluation: _____
		Total Hours: _____
		Unit of Credit: _____
		Final Grade: _____

Check this box if position is NON- Paid