Office of Work-Based Learning and Cooperative Education

Faculty Coordinator End-Of-Semester Visitation Form

Rowan-Cabarrus COMMUNITY COLLEGE

_____

STUDENT NAME / CURRICULUM

_____ _____

Name of Employer **Date**

A. Interview with _____ by _____

Name of Supervisor ***Faculty Coordinator***

* Do you feel the Co-op student fully understands and is competent to perform all of his/her assigned job duties?
  Yes _____ No _____

  If no, please explain problems encountered.

* Has this Co-op student helped to meet the needs of your department?
  Yes _____ No _____ Needs improvement _____

* How would you rate the student's overall performance to date?
  Outstanding _____ Above Average _____ Satisfactory _____ Unsatisfactory

B. Interview with _____

Name of Student

* Does your work assignment measure up to the initial job description?
  Yes _____ No _____ Needs improvement _____
  Comments:

* Have you been able to relate your Co-op assignment to your class work? Yes _____ No _____
  Comments:

* Are you challenged by your work assignment? Yes _____No _____
  Comments:

* Do you think this Co-op position will help you meet some of your career needs? Yes _____ No _____
  Comments:

* Have you encountered any problems related to your Measurable Learning Objectives or other job duties?
  Yes _____ No _____
  Comments:

Appraisal of student's overall progress

Outstanding _____ (4) Very Good _____ (3) Average _____ (2) Marginal _____ (1)

_____ _____

Faculty Coordinator's Signature ***Date***