



Office of Work-Based Learning and
Cooperative Education



Student's
Mid-Semester Evaluation

Student Name: _____

Curriculum: _____ Co-op Employer: _____

Faculty Coordinator: _____ Academic Semester/Year: _____

1. The Co-op job is related to my program of study. ___ Yes ___ No
2. The co-op job is a valuable learning experience. ___ Yes ___ No
3. I have been able to achieve my Measurable Learning Objectives. ___ Yes ___ No
4. I have support and training available to me that is adequate to perform my work responsibilities. ___ Yes ___ No
5. This position is helping me achieve my career goals. ___ Yes ___ No
6. I have received feedback concerning my performance on the job. ___ Yes ___ No
7. I have been challenged by my work assignments ___ Yes ___ No
8. The total overall quality of this co-op work experience is:
___ Excellent ___ Good ___ Average ___ Fair ___ Poor
9. Is there anything else you would like to tell the co-op staff and/or faculty coordinator?

Student's Signature

Date