



Employer's Final Evaluation

Dear Supervisor:

Create Career College offers every student the opportunity to experience on-the-job training through our practicum programs. Your feedback is a vital component to their experience and allows the student and the college opportunity to improve. Please use this form to evaluate the performance of the co-op student doing the work placement in your company.

In order for the student to pass the work term component, he/she must receive a grading by the employer of "Pass".

After completing your portion of this evaluation, please review it with our student before the end of their work term. If you have any questions, please send an email to sherryl@createcareercollege.com

INFORMATION

Name of Organization:

Name of Supervisor:

Title of Supervisor:

Contact Number:

E-mail:

Name of Student:

COMPLETED WORK HOURS

Completed 480 Co-op work hours

If completed less than 480 hours, please indicate the number of worked hours

PERFORMANCE RATING KEY

Pass	Meets expectations for performance
Fail	Does not meet expectations
N/a	Not required by this position

1. Please rate the student by making an "X" in the correct column. Please comment when necessary.

	PASS	FAIL	N/A
1. ATTENDANCE (Did the student complete the required 480 hours of work in your company?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. QUANTITY & QUALITY OF WORK (Examples: thoroughness, accuracy, productivity, creativity, planning and organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please rate the student based on the criteria provided. Please place an "X" in the box that corresponds to your answer.

1: Always

2: Often

3: Sometimes

4: Never

n/a: Not applicable

Professional Development

The student:	1	2	3	4	n/a
1) Arrived on time for all scheduled shifts					
2) Demonstrated a professional attitude					
3) Dressed professionally, as per policies					
4) Acted responsibly					
5) Showed initiative					
6) Demonstrated ethical behavior					

Comments:

On-the-job Training

During the practicum, the student:	1	2	3	4	n/ a
1) Was responsive to training, learned quickly					
2) Worked cooperatively with others					
3) Worked independently					
4) Followed directions					
5) Met deadlines					

Comments:

Effective Communication

During the practicum, the student:	1	2	3	4	n/ a
1) Ensured prompt services					
2) Was respectful and polite with guests					
3) Displayed a positive attitude					
4) Participated in group discussions/conversations					
5) Maintained confidentiality					

Comments:

3. Supervisor's Feedback on Student's Performance:

Please comment on your student's performance on the key skills and competencies required for this position, including any projects or assignments. We invite you to mention areas of strengths or those needing development.



4. Please provide feedback on our program.

1) Do you feel our student was well prepared for his/her position in your company? In your opinion, should our program include training in any additional skills or knowledge?

2) Are there new programs that you feel we need to develop to meet the needs of employers in your industry?

Work Experience Passed

Work Experience Failed

Supervisor's Signature

Date

Coordinator's Signature

Date

