

# **Co-op Final Evaluation Form**

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 of "Pass".

This evaluation form is a mandatory document for students to graduate. It is used to facilitate the student's professional growth. Please provide as much information as possible and review this with the student. If you have any questions, please send an email to <u>info@createcareercollege.com</u>.

### INFORMATION

Company:	Supervisor:	
Contact Number:	Email:	
Name of Student:	Student ID:	
Co-op Position:		

### COMPLETED WORK HOURS

- □ The Student completed 480 / 960 / 1000 Co-op work hours at your organization.
- ☐ 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

• 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?)			
2. QUANTITY & QUALITY OF WORK (Examples: thoroughness, accuracy, productivity, creativity, planning and organization)			

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

1: Never 2: Needs Improvement 3: Average 4: Excellent 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					





### **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					

#### **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					

• 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.



- Please provide feedback on our program.
- a. 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?
- b. Are there new programs that you feel we need to develop to meet the needs of employers in your industry?

 $\Box$  The Student passed the work experience

□ The Student failed the work experience

Supervisor's Signature

Date

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