

Cedarville University
Employment Evaluation Form

To be filled out by the student

Name _____				Date _____			
Address for Work Term _____							
Address		City		State		Zip Code	
Phone Number for Work Term _____				Course Number _____			
Date Co-Op Starts _____		Ends _____		Co-Op Semester ____ Fall ____ Spring ____ Summer ____			
Co-Op Employer _____							
Co-Op Employer Address _____							
Address		City		State		Zip Code	
Supervisor _____				Title _____			
Supervisor Phone Number _____				Email _____			

<p>Please write out and explain your answers to the following questions.</p> <p>Did the employer discuss goals and objectives of his/her job? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Did the employer discuss time management with you? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Did the employer explain your specific responsibilities? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Did the employer explain what he/she expected from your job performance? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Did the employer explain the specific results expected for a task or project? _____

Fully describe the responsibilities, assignments and accomplishments you were able to realize during this segment of your co-op experience. _____

To the best of your knowledge, is your employer satisfied with your work? _____

Do you believe your employer understood your job problems and needs? _____

In what way did your employer use his/her power to help you solve work related problems?

Overall, do you think that this co-op created a positive relationship between the university and the company?

Would you return to this employer if they offer you a position? _____

Return this form by postal or electronic mail to:

Cedarville University
Co-op Program Administrator
251 N. Main Street
Cedarville, OH 45314

Career@cedarville.edu