



CLARKSON UNIVERSITY  
Cooperative Education Program  
Supervisor Final Evaluation

Please complete with student 2 weeks prior to their end date.

Student's Name \_\_\_\_\_ Job Title \_\_\_\_\_

Date Started: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Company Name \_\_\_\_\_ Location: \_\_\_\_\_

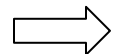
Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Department \_\_\_\_\_ Email Address \_\_\_\_\_

Description of responsibilities:

\_\_\_\_\_  
\_\_\_\_\_

	Outstanding	Very Good	Satisfactory	Needs Improvement
Ability of Work Independently				
Attendance				
Attitude				
Communication Skills				
Oral	-----	-----	-----	-----
Written				
Energy Level/Productivity				
Flexibility/Adaptability				
Initiative				
Interpersonal Skills/Cooperation				
Problem Solving & Reasoning Skills				
Quality of Work				
Technical Competence				
Willingness to Learn				
Overall Performance				



Major strengths:

---

---

Accomplishments:

---

---

---

Comments by supervisor:

---

---

---

---

Comments by student:

---

---

---

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



