



**CLARKSON UNIVERSITY
Cooperative Education Program
Employer Initial Evaluation**

Please return approximately 1 month after student's start date.

Student's Name _____ Job Title _____

Date Started: _____ Tentative Date of Completion: _____

Company Name _____ Location: _____

Supervisor _____ Phone Number _____

Department _____ Email Address _____

Description of responsibilities:

	Outstanding	Very Good	Satisfactory	Needs Improvement
Ability to Work Independently				
Attendance / Punctuality				
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				

Please complete next page

Major strengths:

Recommended areas of improvement:

Comments by supervisor:

Comments by student:

Supervisor Signature

Date

Student Signature

Date

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