



**Please complete and return when you complete your co-op experience.**

Name \_\_\_\_\_

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Co-op Address \_\_\_\_\_

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

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

How would you rate your overall Co-op experience?	Poor		Average		Excellent
Circle one	1	2	3	4	5

Comments: \_\_\_\_\_

How would you rate the guidance / supervision?	Poor		Average		Excellent
Circle one	1	2	3	4	5

Comments: \_\_\_\_\_

How would you rate the training provided?	Poor		Average		Excellent
Circle one	1	2	3	4	5

Comments: \_\_\_\_\_

What did you enjoy most about your experience?

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

Please complete next page

What did you enjoy least about your experience?

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What was the most valuable thing you learned?

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If you could have changed anything about your experience, what would it have been?

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Would you recommend this company / experience to other students? If yes, please elaborate:

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Have you been asked to return for future employment? If yes, did you accept the offer?

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Which two classes best prepared you for the co-op experience and explain how you applied what you learned on the job?

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Student Signature

Date