



**Clarkson University
Cooperative Education Program
Student Initial Evaluation**

Please return approximately 1 month after your start date.

Name _____ Job Title _____

Co-op Email Address _____

Supervisor _____ Phone Number _____

Department _____ Email Address _____

Description of Responsibilities (be specific; include projects, work assignments, reports, hands-on-experience with equipment and interaction with professionals.)

Summarize what you have accomplished to date:

Describe the characteristics of the assignment you find least likely to enhance your growth:

Please complete next page

Describe the training provided. Comment on the adequacy of your training.

Are you exposed to noisy machinery, chemicals, or any potential hazards? If yes, are proper precautions, training, and safety equipment provided? Please be very specific if you feel you are in any danger.

How has your transition “out of the office” been? Any issues with relocating? Getting used to the area?

Additional Comments:

Student Signature

Date

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