

University of South Alabama Co-op Student Evaluation Form

Please return to:
Engineering Co-op Office
307 University Blvd.
SSB 2100
Mobile, AL 36688
251-460-6091 (fax)

Name of Student _____

Name of Supervisor _____

Name of Employer _____

Work Term from _____ to _____ Work Session # _____

Instructions: *The immediate supervisor should evaluate the student objectively. Please compare this student's performance with that of other students of comparable academic levels and co-op work experience..*

Work Performance	Outstanding	Good	Acceptable	Poor	Unacceptable
Attendance and Punctuality	5	4	3	2	1
Quality of Work	5	4	3	2	1
Quantity of Work	5	4	3	2	1
Time Management	5	4	3	2	1
Appearance	5	4	3	2	1
Judgment	5	4	3	2	1
Overall Performance	5	4	3	2	1

What are the student's strongest assets?

In what areas should the student strive to improve?

(continued on back)

	Outstanding	Good	Acceptable	Poor	Unacceptable
Ability to apply knowledge of mathematics, science, and engineering	5	4	3	2	1
Ability to design, conduct experiments, as well as to analyze and interpret data	5	4	3	2	1
Ability to design a system, component or process to meet desired needs	5	4	3	2	1
Ability to function on multi-disciplinary teams	5	4	3	2	1
Ability to identify, formulate, and solve engineering problems	5	4	3	2	1
Ability to understand professional and ethical responsibility	5	4	3	2	1
Ability to communicate effectively	5	4	3	2	1
Ability to understand the impact of engineering solutions in a global and societal context	5	4	3	2	1
Ability to recognize the need for and engage in life-long learning	5	4	3	2	1
Knowledgeable concerning contemporary issues	5	4	3	2	1
Ability to use the techniques, skills, and modern engineering tools necessary for engineering practice	5	4	3	2	1

Does it appear that this student's academic program is oriented to the particular needs of your organization? What, if any, changes in curriculum would you suggest?

Did this student through his/her own initiative --- improve a process, reduce a cost, or make a general improvement during the co-op term? Please explain.

Has this evaluation been discussed with the student? _____Yes _____No

Will this student be asked to return for the next work term? _____Yes _____No _____Final Term
If this was the final scheduled work term, would you consider hiring this student full-time, assuming an opportunity arises? _____Yes _____No

Student Signature _____ Date _____

Supervisor's Signature _____ Date _____