

CO-OP WORK REPORT EVALUATION

Work Term 1 & 2

OVERALL APPRAISAL:

PASS

FAIL

UNSATISFACTORY

Resubmit by: _____

Student's Name: _____ Student ID#: _____

Year, Term: _____ Previously Completed Work Reports: _____

Employer: _____

Evaluated By: _____

For each criterion shown below, check the appropriate box at the right before finally checking the appropriate box for the Overall Appraisal above.

Criterion	Very Good	Good	Not Acceptable	Not Applicable
Submittal Letter				
Title Page				
1. Introduction Explained work context well				
2. Summary Main responsibilities Specialized training received Perception of level of preparedness Level of supervision and mentoring Other				
3. Professional Development Information technology skills developed Business / workplace skills developed Stated and achieved goals Interpersonal skills developed Professional and personal growth noticed Major benefits from term identified Other				
Appendix (Log Pages) Format Appropriate content Suitable degree of detail Other				

Comments: