



# Portland Community College

P.O.Box 19000 Portland, OR 97280-0990

# Cooperative Education

## Employer Evaluation

Student _____	Employer/Supervisor _____
Term _____	Company/Agency Name _____
Please Return This Evaluation To _____	Address _____
On or Before _____	Employer Phone _____

<p style="text-align: center;"><b>ATTITUDES TOWARD WORK</b></p> <p style="text-align: center;"><b>RELATIONS WITH OTHERS</b></p> <p style="text-align: center;"><b>ATTENDANCE</b></p> <p style="text-align: center;"><b>OVER-ALL PERFORMANCE:</b></p> <p><input type="checkbox"/> OUTSTANDING    <input type="checkbox"/> VERY GOOD    <input type="checkbox"/> AVERAGE    <input type="checkbox"/> NEEDS IMPROVEMENT</p>	<p style="text-align: center;"><b>JOB LEARNING/SKILL IMPROVEMENT</b></p> <p style="text-align: center;"><b>QUALITY OF WORK</b></p> <p style="text-align: center;"><b>APPEARANCE</b></p>
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### Directions:

When completing this section of the evaluation, refer to the list of Learning Objectives the student was assigned for the term.

Did the student meet the objectives? \_\_\_\_\_

What are the student's strengths? \_\_\_\_\_

What areas of work does the student need to improve? \_\_\_\_\_

Would you recommend this student for employment in your own or another firm? \_\_\_\_\_

This evaluation has been completed comparing this student to:  
 Other students     Other employees     What you feel this student is capable of doing     Other

Has this report been discussed with the student?     Yes     No

**Portland Community College is an Equal Opportunity Employer and committed to a policy of non-discrimination for all people regardless of race, color, religion, sex, age, disability or national origin.**

Signed: Supervisor \_\_\_\_\_

Date \_\_\_\_\_