

**Jefferson Community and Technical College**  
**CREW CENTER**  
*Internship, Co-operative and Experiential Education*  
**FINAL EVALUATION**



A final evaluation visit will be conducted at the student's work site during the last week for the semester. The final evaluation is equivalent to a written final examination. It is an important criterion for establishing the student's final grade if the internship or co-op is for credit. Failure to keep the scheduled appointment or failure to be prepared for the appointment will be heavily reflected in the student's final grade.

**Student Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**THE ENCLOSED FORMS MUST BE COMPLETED PRIOR TO**

**THE PROGRAM COORDINATOR'S FINAL VISIT!!!!**

**EMPLOYER COMPLETES:**

1. Final Student Evaluation Form.
2. Learning Objectives Evaluation by Supervisor

**STUDENT COMPLETES:**

1. Student Appraisal of the Work Based Learning Experience.
2. Learning Objectives Evaluation by Student.

**FINAL STUDENT EVALUATION FORM**  
(Employer Complete)

Name of student \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Name of employer (organization) \_\_\_\_\_

Work period from \_\_\_\_\_ to \_\_\_\_\_

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<b>Work Performance</b>	<b>Outstanding</b>	<b>Very Good</b>	<b>Acceptable</b>	<b>Poor</b>	<b>Unacceptable</b>	<b>N/A</b>
Attendance and Punctuality	5	4	3	2	1	.
Preparation for This Job	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	.
Use of Supplies and Equipment	5	4	3	2	1	.
Overall Performance	5	4	3	2	1	.

**Comments on Work Performance:**

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**Employability**

What are the desirable work qualities of this student?

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What are the areas in need of improvement?

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(OVER)

## FINAL STUDENT EVALUATION FORM

Page 2  
(Employer complete)

Personal Qualities	Outstanding	Very Good	Acceptable	Poor	Unacceptable	N/A
Ability to Learn	5	4	3	2	1	.
Ability to Communicate	5	4	3	2	1	.
Adaptability	5	4	3	2	1	.
Appearance	5	4	3	2	1	.
Attitude	5	4	3	2	1	.
Dependability	5	4	3	2	1	.
Initiative	5	4	3	2	1	.
Judgment	5	4	3	2	1	.
Reaction to Supervision	5	4	3	2	1	.
Relation with Clients	5	4	3	2	1	.
Relation with Co-workers	5	4	3	2	1	.

Comments on Personal Qualities:

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Would you consider hiring this student full-time if an opportunity arises? \_\_\_\_\_ Yes \_ No

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Has this evaluation been discussed with the student? \_\_\_\_\_ Yes \_\_\_ No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature

## LEARNING OBJECTIVES EVALUATION BY SUPERVISOR

Evaluated by: \_\_\_\_\_

Student \_\_\_\_\_ Company \_\_\_\_\_

Job Position \_\_\_\_\_ Date \_\_\_\_\_

DIRECTION: Please use the following rating scale for indicating the extent to which the student met each goal.

4 – Outstanding      3 – Above Average      2 – Average      1 – Improvement Needed

0 – Unsatisfactory      N/C -- Not Completed

<u>Overall Rating</u>	<u>Comments</u>
Goal 1 _____	_____ _____ _____ _____ _____
Goal 2 _____	_____ _____ _____ _____ _____
Goal 3 _____	_____ _____ _____ _____ _____
Goal 4 _____	_____ _____ _____ _____ _____
Goal 5 _____	_____ _____ _____ _____ _____

**JEFFERSON COMMUNITY AND TECHNICAL COLLEGES**  
**STUDENT APPRAISAL FOR INTERNSHIP AND CO-OPERATIVE**  
**EDUCATION**

(Student Complete)

Name \_\_\_\_\_ Position \_\_\_\_\_  
Semester \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employer \_\_\_\_\_  
(company name) (Address)

The Primary objective of CREW Center Internship and Co-operative Education program is to provide the student with relevant on-the-job work/learning experience in his/her chosen profession. This form is designed to assist the student in appraising these experiences. The evaluation is meant to be constructive and in the best interest of the employer as well as future students.

CHECK () THE MOST APPROPRIATE RESPONSE

1. Was your supervisor of assistance in your developing an effective working relationship with your co-workers?

Always  Frequently  Sometime  Seldom  Never

2. Did your supervisor appear interested in you as an individual?

Always  Frequently  Sometime  Seldom  Never

3. Did your supervisor motivate you to improve yourself?

Always  Frequently  Sometimes  Seldom  Never

4. Did you receive adequate instructions and assistance from your supervisor in the conduct of your work?

Always  Frequently  Sometime  Seldom  Never

5. How often did your supervisor discuss your job performance with you?

Daily  Weekly  Monthly  Occasionally  Never

Comments

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(OVER)

1. Did you get along with your co-workers?  
 Always       Frequently       Sometimes       Seldom       Never
2. Was there enough work to keep the employees busy?  
 Always       Frequently       Sometimes       Seldom       Never
3. Did your co-workers demonstrate interests in the company and its organization?  
 Always       Frequently       Sometimes       Seldom       Never
4. Did your co-workers display a willingness to improve themselves in their jobs?  
 Always       Frequently       Sometimes       Seldom       Never
5. Communication among the employees was effective  
 Always       Frequently       Sometimes       Seldom       Never
6. Cooperation among my co-workers in accomplishing the work was:  
 Always       Frequently       Sometimes       Seldom       Never

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

- 
1. Do you believe your position provided relevant experience?  
 Always       Frequently       Sometimes       Seldom       Never
  2. Do you believe you performed work of value to your employer?  
 Always       Frequently       Sometimes       Seldom       Never
  3. How would you classify your academic preparation for this work experience?  
 Always       Frequently       Sometimes       Seldom       Never
  4. Did the work environment allow for the expression of your ideas?  
 Always       Frequently       Sometimes       Seldom       Never
  5. Did you have discussions with your supervisor concerning your training experience and/or your total educational program?  
 Yes       No

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

# LEARNING OBJECTIVES EVALUATION BY STUDENT

*Student complete*

Evaluated by: \_\_\_\_\_

Student \_\_\_\_\_ Company \_\_\_\_\_

Job Position \_\_\_\_\_ Date \_\_\_\_\_

DIRECTION: Please use the following rating scale for indicating the extent to which the student met each goal.

4 – Outstanding      3 – Above Average      2 – Average      1 – Improvement Needed  
0 – Unsatisfactory      N/C -- Not Completed

Overall Rating

Comments

Goal 1 \_\_\_\_\_

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Goal 2 \_\_\_\_\_

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Goal 3 \_\_\_\_\_

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Goal 4 \_\_\_\_\_

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Goal 5 \_\_\_\_\_

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**JEFFERSON COMMUNITY AND TECHNICAL COLLEGES**  
**STUDENT APPAISAL FOR INTERNSHIP AND CO-OPERATIVE EDUCATION**

(CONTINUED)

Did this work experience exceed \_\_\_\_, meet \_\_\_\_, or fall below \_\_\_\_ your expectations?

Have you and your employer reached any agreement about your continued or prospective employment with this company? If so, what is the agreement?

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**We will benefit by having you indicate an overall assessment of your work experience. Please check the word closest to your evaluation.**

- Excellent    Very Good       Good    Alright    Not Good

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date

Comments:

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