

Jefferson Community 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.

THE ENCLOSED FORMS MUST BE COMPLETED PRIOR TO
THE FACULTY REPRESENTATIVE'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 _____

Work Performance	Outstanding	Very Good	Acceptable	Poor	Unacceptable	N/A
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:

Employability

What are the desirable work qualities of this student?

What are the areas in need of improvement?

(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:

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

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

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 Sometime 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

(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: _____

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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

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 _____

Goal 2 _____

Goal 3 _____

Goal 4 _____

Goal 5 _____

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?

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

Excellent Very Good Good Alright Not Good

(Student Signature) (Date)

(Faculty Representative) (Date)

Comments:
