## PURDUE UNIVERSITY COOPERATIVE EDUCATION PROGRAM STUDENT WORK SESSION RECORD AND EVALUATION

| ☐ Fall ☐ Spring ☐ Summer                    | 20                       |                              |         |       |          |       |        |           |         |        |
|---|--------------------------|------------------------------|---------|-------|----------|-------|--------|-----------|---------|--------|
| This completed form should be reviewed      | d with your Superv       | visor and Employer Coordina  | ator tv | vo we | eks be   | efore | the en | d of the  | work pe | eriod. |
| Student:                                    |                          | Work Period No.              | 1       | 2     | 3        | 4     | 5      | 6         |         |        |
| Major:                                      | Option: Graduation Date: |                              |         |       |          |       |        |           |         |        |
| Purdue Faculty Coordinator:                 |                          |                              |         |       |          |       |        |           |         |        |
| Co-Op Employer:                             |                          | Division:                    |         |       |          |       |        |           |         |        |
| Department:                                 |                          |                              |         |       |          |       |        |           |         |        |
| Address:                                    |                          |                              |         |       |          |       |        |           |         |        |
|   |                          |                              |         |       |          |       |        |           |         |        |
| Position Title:                             |                          |                              |         |       |          |       |        |           |         |        |
| Briefly describe your work assignm session. | ent. List tasks an       | d level of responsibility. L | ist ne  | w sk  | ills lea | arned | durir  | ng this ( | Со-Ор   |        |

|  |            | Co-        | Op Stude    |                       |                   |
|--|------------|------------|-------------|-----------------------|-------------------|
|  |            |            |             |                       |                   |
| Latest Change in Gross Pay from            | to         | per Hour   | Week        | Month                 | Change effectives |
| Gross Pay Rate: per Hour Week              | Month      | Estima     | ted Total ( | Gross Period Income:  |                   |
| Times Absent:                              |            | Causes     | s:          |                       |                   |
| Regular overtime by days and hours, if any | <b>/</b> : | Averaç     | ge overtim  | e per week (in hours) |                   |
| Regular Working Hours: Daily from          | to         | ; Saturday | to          |                       |                   |
| Work Period Starting Date:                 |            | Anticip    | ated Com    | pletion Date:         |                   |
| Supervisor:                                |            | Employe    | er Coordi   | nator:                |                   |

## Office of Professional Practice

Please rate the OVERALL quality and value of this Work Session by choosing one of the following: **OUTSTANDING** ABOVE AVERAGE **SATISFACTORY BELOW AVERAGE** UNSATISFACTORY On a scale of one to five, rate the following characteristics of your Co-Op assignment and your Co-Op employer: 1. Relationship of work to your academic/career interests. **COMMENTS** Highly Related No Relationship 5 2. Were you adequately prepared academically for your assignment? **Under Prepared** Over Prepared 1 2 5 3. Were you adequately challenged by your work assignment? Little Challenge Overwhelmed 1 5 4. Employer's understanding and management of the Co-Op Program. Poor Excellent 2 5 1 5. Supervision and Guidance during your Co-Op assignment. Poor Excellent 1 2 3 4 5 6. Your relationship with your fellow employees. Poor Excellent 1 2 4 5 7. Overall evaluation of your employer as a Co-Op participant. Poor Excellent 1 2 5

| 8. Did you have any exit interview with your Employer Coordinator?                        | Yes       | i   | No |   |                |
|---|-----------|-----|----|---|----------------|
| How adequately were you compensated for your efforts during the work session in terms of: | Poor<br>1 | 2   | 3  | 4 | Excellent<br>5 |
| Salary  |           |     |    |   |                |
| Recognition by co-workers   |           |     |    |   |                |
| How actively were your suggestions solicited for improvements in:                         |           |     |    |   |                |
| Co-Op Program with employer   |           |     |    |   |                |
| Business/Technical Matters  |           |     |    |   |                |
| This evaluation has been discussed with: my Supervisor                                    |           | Yes | No |   |                |

my Employer Coordinator

Please return to the Co-Op Advisor/Coordinator in your discipline.

Yes

No