

WORK BASED-LEARNING (CO-OP) EMPLOYER CONSULTATION

Student Name _____

Semester _____

Program _____

On site Telephone Other (specify) _____

Date of Consultation: _____

Student's performance at this time:

	Unsatisfactory	Satisfactory	Exceptional
Knowledge of subject			
Relations with coworkers			
Attitude toward work			
Reaction to supervision			
Quality of work			
Punctuality			
OVERALL PERFORMANCE			

Comments:

Supervisor Signature

Faculty Coordinator Signature