

Employer Evaluation Form

Student Name:	Program:
Company:	Supervisor:
Start Date:	End Date:

Supervisor guideline for completion: Please complete and discuss this evaluation form with the student. Return this completed form to the student for submission as it is required for completion of their co-op requirements.

Terms of Reference

Essential Employability Skills: Use this chart to complete the following questions/evaluation. All Ontario College graduates must be able to reliably demonstrate these skills to achieve an Ontario College credential in addition to the general education requirement and learning outcomes of specific programs.

Technical Skills: Specialized abilities and knowledge required to perform specific tasks, solve problems, or operate within a particular field or industry. These skills are usually practical and measurable, and they are often acquired through education, training, or hands-on experience.

tion	
Writing (emails/reports)	
Listening	
Y	
nderstanding and applying mathematical concepts and	
reasoning	
Critical Thinking & Problem Solving	
Gather and review information (Synthesising)	
Decision Making	
agement	
cate, select, organize, and document information using	
appropriate technology and information systems	
(Gathering and managing information)	
nal	
Relationship management	
Leadership	
Managing change and being flexible and adaptable	
Demonstrating personal responsibility	

*https://www.ontario.ca/page/essential-employability-skills

Based on the essential employability skills list above, and considering the student's technical skills, please provide the strengths your student has demonstrated throughout this co-op work term. Provide examples of how they have demonstrated these skills.

As the term nears completion, based on your observations, are there any areas for further development? How might the student continue to grow these skills beyond the work term?

Do you have any additional comments on the student's overall performance during their co-op work term?

ENTER TOTAL NUMBER OF HOURS THIS STUDENT HAS WORKED THROUGHOUT THE TERM



Please Note: Students may be required to provide proof of employment hours (copy of last pay advice or copy of Record of Employment or a letter from Human Resources or Payroll, on company letterhead) IF requested by NC Career Services.

Supervisor Name: _____

Supervisor Signature: ______

Date: _____

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