

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.

Consider the student's performance throughout the co-op work term, and evaluate according to the following:

N/A - Not utilized within role

Developing - Has developed this skill and uses sometimes

Advanced - Utilizes this skill often and effectively

Transferrable Skill Development			
Skill category and related skills:	N/A	Developing	Advanced
Communication			
Reading			
Writing (emails/reports)			
Speaking (in-person/phone)			
Listening			
Presenting			
Numeracy			
Understanding and applying mathematical concepts and reasoning			
Analyzing and using numerical data			
Critical Thinking & Problem Solving			
Identify a problem or question (Analyzing)			
Gather and review information (Synthesizing)			
Examine information gathered (Evaluating)			
Decision Making			
Creative and innovative thinking			
Information Management			
Selecting and using appropriate tools and technology for a task or a project (Computer literacy)			
Locate, select, organize, and document information using appropriate technology and information systems (Gathering and managing information)			

Skill category and related skills:	N/A	Developing	Advanced
Research, analyze, evaluate, and apply relevant information from a variety of sources (Internet skills)			
Interpersonal			
Teamwork/Collaboration			
Relationship management			
Conflict resolution			
Leadership			
Networking			
Personal			
Managing Self			
Managing change and being flexible and adaptable			
Engaging in reflective practices			
Demonstrating personal responsibility			

Based on the transferable skills list above, please provide the top 3 strengths your student has demonstrated throughout their co-op term.

Based on the transferable skills list above, please provide the top 3 areas for development identified during this co-op work term.

Additional comments on the student's overall performance during their work term?

Do you have any advice for co-op students who are preparing for their work experience? Any additional comments for the Career Services Department regarding the co-op process?

Did you review this completed evaluation form with the student? Yes No

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 Career Services.

Supervisor Name:

Supervisor Signature:

Date:

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