

COOPERATIVE WORK EXPERIENCE / INTERSHIP PROGRAM INSTRUCTOR END OF TERM EVALUATION

		(To be con	mpleted by the	instructor)		
Student's name:			\$	Semester		
Company/Worksite:			(Course & Se	ect. #	
of student contacts: refer to the Faculty to Student Communication Log)	to Student			nal Grade:		
As the instructor of the stude objectives. Your recommend consideration for future place	ations, comr					
SEMESTER HOURS TOT	AL HOUR	S COMPLET	ED			
For Paid Positions Weekly Average		Weekly Average	Internshi	Internship/Non-Paid Positions		
75 hours worked = 1 unit		>4.5 hrs		vorked = 1		> 3.75 hrs
150 hours worked = 2 unit 225 hours worked = 3 unit		> 9 hrs > 14 hrs		$\frac{\text{worked} = 2}{\text{worked} = 3}$		> 7.5 hrs > 11.5 hrs
*300 hours worked = 4 un *work must be major-rel	its	> 18.5 hrs	*240 hour	s worked = 5	4 units	> 15 hrs
MEASIIDARI E WODKDI	ACE OR II	CTIVES.				
EASURABLE WORKPLACE OBJECTIVES: Vorkplace Learning Objective #1		Achieved		_ Date		
Workplace Learning Object	tive #2		Achieved		_ Date	
Workplace Learning Object	tive #3		Achieved		Date	
PAPERWORK AND ASSI	GNMENTS	:				
1. Completed Intake Paperwork				Y	N [Date_]
2. Completed Work and Career Assignments				Y	N [Date_]
3. Completed Emp Prep Program				Y	N [Date_]
4. Submitted Timesheet Summary Statement				Y	N [Date_]
5. Received Supervisor Evaluation			Y	N [Date_]	
6. Completed Exit Paperwork (Student evaluation & Exit Survey):				Y	N [Date_]
COMMENTS:						

Final Instructor Signature______Date