

Old Colony RVTHS
 476 North Avenue
 Rochester, MA 02770
 Phone: 508-763-8011; Fax: 508-763-9821
Cooperative Education Student Evaluation

To the Employer: Please complete this evaluation at the end of each two week period and either give it to the student, fax, or mail to the Guidance Department at the above address. Thank You.

Student Name: _____ Daily Hours Worked _____ Shop: _____

Month _____											Year _____	
	1	2	3	4	5	Week's	6	7	8	9	10	Week's
Week's Dates						Totals						Totals
Daily Hours Worked												

Please evaluate the trainee by placing a mark in the box that best describes their job performance.

ACCURACY OF WORK

- Excellent
- Good
- Fair
- Poor

CARE OF WORKING AREA

- Excellent
- Good
- Fair
- Poor

USE OF MATERIAL & EQUIPMENT

- Excellent
- Good
- Fair
- Poor

SPEED IN PERFORMING DUTIES

- Excellent
- Good
- Fair
- Poor

USE OF WORK TIME

- Excellent
- Good
- Fair
- Poor

JOB LEARNING AND APPLICATION

- Excellent
- Good
- Fair
- Poor

RESPONSIBILITY

- Excellent
- Good
- Fair
- Poor

INITIATIVE

- Excellent
- Good
- Fair
- Poor

ATTITUDE TOWARDS CO-WORKERS

- Excellent
- Good
- Fair
- Poor

ATTITUDE TOWARDS SUPERVISORS

- Excellent
- Good
- Fair
- Poor

PERSONAL APPEARANCE

- Excellent
- Good
- Fair
- Poor

Signature: _____ Position: _____ Date: _____