

# Old Colony Regional Vocational Technical High School District

476 North Avenue  
Rochester, MA 02770-1899

Telephone: (508) 763-8011 - Fax: (508) 763-9821 - Email = \_\_\_\_\_

## Cooperative Education Program Student Evaluation Form

Student Name: \_\_\_\_\_ Shop: \_\_\_\_\_

**To the Employer:** Complete Yellow High Lighted Sections in this form at the end of each two week co-op cycle. Email completed form to the Shop Instructor. Thank You.

<b>Daily Hours Worked</b>													
Month											Year	<b>2014 / 2015</b>	
	1	2	3	4	5	<b>Week's Totals</b>	6	7	8	9	10	<b>Week's Totals</b>	
Week's Dates													
Daily Hours Worked													

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

**Please use the following grade scale of 1-4 for each characteristic.**

<b>4</b>	<b>Excellent</b>	Total Score to grade:								<b>Cycle Grade</b>	
<b>3</b>	<b>Good</b>	43-44	A+	36-37	B+	25-29	C+	11-18	D		
<b>2</b>	<b>Fair</b>	41-42	A	33-35	B	22-24	C	10 or below			F
<b>1</b>	<b>Poor</b>	38-40	A-	30-32	B-	19-21	C-				

Characteristics	Score (1-4)
ACCURACY OF WORK	
CARE OF WORKING AREA	
USE OF MATERIAL & EQUIPMENT	
ATTITUDES TOWARD WORK	
SPEED IN PERFORMING DUTIES	

Characteristics	Score (1-4)
JOB LEARNING AND APPLICATION	
RESPONSIBILITY	
INITIATIVE	
ATTITUDE TOWARDS CO-WORKERS	
ATTITUDE TOWARDS SUPERVISORS	
PERSONAL APPEARANCE	

Additional Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_