



# FINAL CO-OP EVALUATION FORM

This form must be returned by \_\_\_\_\_ in order for the student to receive a grade for the \_\_\_\_\_ semester.

This form will become part of the student's permanent academic record. Co-op Coordinator \_\_\_\_\_

Name of Student: \_\_\_\_\_ Employer/Company: \_\_\_\_\_

Student's Job Title: \_\_\_\_\_ Address: \_\_\_\_\_

Evaluator/Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. Please comment on the student's overall level of performance and acquired skills \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Kindly describe any contributions to the workplace and your assessment of the student's potential for growth in the field.\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. (If you have answered this question within the last year you may leave blank. Responses to question 3 will not influence the student's grade. The information gathered will be shared with faculty and used in ongoing research.)

What changes, trends or developments do you anticipate in your specific industry/field in the next 5 years for which we can better prepare our students? Please list below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \* We suggest that the supervisor discuss this Evaluation with the student.
- \* Please send any pertinent company information for us to keep in our company files for students.

Signature of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Please return to: Cooperative Education Office Date: \_\_\_\_\_  
LIU/Southampton College  
Southampton, NY 11968  
Fax (631)287-8287;Phone (631)287-8273