

Student Work Report Form

Name			Major	
Last		First		
Evaluation Period from	ı to _			
	Month/Year	Month/Year		
Employer			De	ept
Hours per week (appro	Gros	s hourly pay (a	approx.) \$/ <u>hr.</u>	
Directions: Objectively	rate your experience w	ith this employer	using the scale	e below.
4 - Excellent	3 - Above Average	2 - S	atisfactory	1 - Needs Improvement
	N	/A -Not applicabl	e	

Work Experience	Rating	Rating Comment Section (as needed)
Relationship of work to career goals	111111111111111111111111111111111111111	Turing Comment Section (as needed)
Training/orientation received		
Ö		
Supervision received		
Level of responsibility assigned		
Abilities/academic training utilized		
Communication/cooperation among co-workers		
Experience working with others from diverse backgrounds		
Learning Experience	Rating	
Academic preparation for this job		
• Information, skills, or techniques learned on the job (not learned in class)		
Relationship of work to academic program		
Relationship of work to career goals		
Career/professional knowledge gained		
Personal Development	Rating	
Gained self-confidence		
Applied strengths to tasks		
• Improvement of communication skills		
Improvement of critical thinking skills		
Improvement of teamwork skills		
Improvement of technology skills		
• Improvement of leadership skills		
• Improvement of professionalism/work ethic		
• Improvement of equity & inclusion skills		

Ability to network/meet people who contributed to professional growth	
Overall	Rating
Evaluation of Employer/Work Experience	

•	Did this work assignment meet your expectations?	Yes	No
•	Would you want to intern/co-op for this organization again?	Yes	No
•	Was the time period in which you worked long enough to learn the		
	specific job and participate in appropriate learning experiences?	Yes	No
•	Would you consider this company for permanent employment?	Yes	No
•	Was a mentor provided or made available to you?	Yes	No
•	Would you recommend this as an internship/co-op work site to other U of A students? Why?	Yes	No

•	Please share any success stories or problem situations that you experienced v	vhile working at your work
	site. **I wish to be contacted by Co-op Coordinator to discuss this further.	Yes No

- What new skills or procedures did you learn during your internship/co-op experience?
- Please elaborate and be specific regarding the following: What is your overall evaluation of your experience with this company/organization, especially in relation to your career goals? How were your career goals clarified?

If you lived away from home, did your employer provide help finding appropriate housing?
What assistance was provided to you? Where, specifically, did you live? Were your accommodations satisfactory?

Fringe benefits provided by your company (circle all that apply)
Life insurance Paid holidays Vacation time Sick pay
Medical insurance Relocation reimbursement Tuition reimbursement

Other (please specify _

Scholarship