### Cooperative Education
#### Mid-Term Employer Evaluation

**Student Name:** __________________________  **Job Title:** __________________________

**Employer:** __________________________  **Semester:** __________________________

**Evaluator Name:** __________________________  **Title:** __________________________

Instructions to evaluator: please check the appropriate box for each category. Additional comments are invited whenever appropriate. This form should be completed by the individual who has the closest supervision of the student’s work assignments. We recommend that this evaluation be shared with the student.

<table>
<thead>
<tr>
<th>Category</th>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Above Average</th>
<th>Outstanding</th>
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</thead>
<tbody>
<tr>
<td>1. Appearance</td>
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<td>2. Punctuality</td>
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<td>3. Attendance</td>
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<td>4. Dependability</td>
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<td>5. Interest in work</td>
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<td>6. Judgment</td>
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<td>7. Quantity of work</td>
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<td>8. Quality of work</td>
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<td>9. Customer or client relations</td>
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<td>10. Taking initiative</td>
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<td>11. Cooperative</td>
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<td>12. Technical knowledge/skill level</td>
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<td>13. Independence</td>
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<td>14. Work ethic</td>
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</table>

If you had to give the student a letter grade, thinking about his/her overall performance, what would the grade be? **(Please check one)**

- [ ] A
- [ ] B
- [ ] C
- [ ] D
- [ ] F

What additional skills could we provide our students with to better prepare them for the workforce?

Would you consider using an ATC student again?  
- [ ] Yes  
- [ ] No  
- [ ] Not Sure

Would you consider using this student again?  
- [ ] Yes  
- [ ] No  
- [ ] Not Sure

Comments: __________________________

__________________________  __________________________
Employer Signature  Date

__________________________  __________________________
Student Signature  Date

**Thank You!**

Submit completed form to Faculty Advisor