



Work Site Sponsor's
Mid-term Evaluation

Date Sent _____

Date Due _____

Please complete this form and return to the Career Services Office.

Student's Name _____

Organization's Name _____

Supervisor's Name _____ Phone No. _____

Job Title _____ Starting Date of Co-op _____

1. Briefly describe the student's involvement in your organization (department, responsibilities, project.)

2. Is the student's involvement and progress in the Co-op Program meeting your original expectations? Please comment.

3. Have you observed any strong or weak areas in the student's academic preparation? Please comment.

4. Are there any problems requiring our assistance? Yes No

Signature

Date