

Final Evaluation – Employer



FLEMING

Please submit this form to: Angela Mark-McGill,
 Project & Work Integrated Learning Coordinator
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Student Name: _____

Company Name: _____

Supervisor's Name: _____

This form is used to evaluate the student's performance, and we ask that you discuss it with the student so they can assess the progress they have made during their co-op work term. The Employer Evaluation must be completed by the student's immediate supervisor. **This evaluation will be forwarded to the student and the Program Coordinator for reflection on their performance.** Fleming College requires this evaluation in order to ensure our co-op student's applied learning is in good standing.

Please assess the student in each of the following areas by checking (✓) the box which best describes his/her performance.

Attitude &

Initiative

Little interest, poor attitude, waits to be told what to do next			Average amount of interest and enthusiasm for tasks assigned					High interest in job, very enthusiastic, self-starter, looks for work to do			N/A <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>		

Knowledge & Skills

Very little relevant knowledge, requires extensive training			Average amount of knowledge for an entry level position					Excellent knowledge & skills, requires minimal training			N/A <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>		

Safety

Never wears required safety equipment, exhibits dangerous work habits			Occasionally reminded to wear safety equipment, and perform work safely					Exhibits safe work habits, and always uses required safety gear			N/A <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>		

Quality of Work

Fails to organize work effectively, many errors			Usually organized, work has normal amount of errors					Very thorough in performing work, with very few errors			N/A <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>		

Quantity of Work

Very low in comparison to other trainees			Average amount of productivity for a trainee					Highly productive in comparison to other trainees			N/A <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>		

Judgment

Jumps to conclusions without sufficient knowledge			Judgment usually good in routine situations					Decisions based on thorough analysis of problems			N/A <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>		

Relations with Co-workers

Does not work well with others, often causes friction			Usually works well with others under normal circumstances					Always works well with others, excellent team member			N/A <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>		

Acceptance of Criticism and Suggestions	Resents criticism and suggestions by supervisor				Accepts criticism and suggestions				Makes prompt improvements based on criticism				N/A <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>			
Written Communication	Needs Improvement				Usually clear and concise				Always clear, well organized, readable with few errors				N/A <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>			
Verbal Communication	Needs Improvement				Average				Excellent				N/A <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>			
Punctuality & Attendance	Always late for work, unreliable, regularly absent				Usually on time, occasionally has unexcused absences				Always on time, only absent for legitimate reasons				N/A <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>			
Overall Performance	Unsatisfactory				Marginal				Very good				N/A <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>			

Briefly describe the student's strengths, and areas for improvement. This feedback will provide encouragement as well as goal setting for the student as they complete the final half of their co-op work term:

Strengths:

1. _____
2. _____
3. _____

Areas for Improvement:

1. _____
2. _____
3. _____

Comments and Recommendations (please use an additional sheet if necessary):
