



Mid-Term Evaluation – Co-op Employer

Please submit this form to: Gillian Clost

Project & Work Integrated Learning Coordinator

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Student Name: _____ Student Number: _____

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 that they can improve upon their skills in the second half of the 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 their 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
	<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"/> N/A	
Knowledge & Skills	Very little relevant knowledge, requires extensive training	Average amount of knowledge for an entry level position	Exhibits safe work habits, and always uses required safety gear
	<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"/> N/A	
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
	<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"/> N/A	
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
	<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"/> N/A	
Quantity of Work	Very low in comparison to other trainees	Average amount of productivity in routine situations	Highly productive in comparison to other trainees
	<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"/> N/A	
Judgement	Jumps to conclusions without sufficient knowledge	Judgement is usually good in routine situations	Decisions based on thorough analysis of problems
	<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"/> N/A	
Relations with Coworkers	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
	<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"/> N/A	



FLEMING

Acceptance of Criticism and Suggestions	Resents criticism and suggestions by supervisor	Accepts criticism and suggestions						Makes prompt improvements based on criticism			
	<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"/> N/A									
Written Communication	Needs improvement	Usually clear and concise					Always clear, well organized, readable with few errors				
	<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"/> N/A									
Verbal Communication	Needs improvement	Average					Excellent				
	<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"/> N/A									
Punctuality & Attendance	Always late for work, unreliable, regularly absent	Usually on time, occasionally has unexcused absences					Always on time, only absent for legitimate reasons				
	<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"/> N/A									
Overall Performance	Unsatisfactory	Marginal			Very Good			Outstanding			
	<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"/> N/A									

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

Strengths:

- _____
- _____
- _____

Areas for Improvement:

- _____
- _____
- _____

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