

EMPLOYER EVALUATION

Cooperative Education Office
2039 Kennedy Boulevard, V101
Jersey City, New Jersey 07305
(201) 200-3005/6
1-800-624-1046

Student _____ Major _____ Work Period _____

Address _____

City, State, Zip _____ Phone Number _____

Cooperative Education Coordinator _____ Faculty Coordinator _____

Employer _____ Address _____

City, State, Zip _____

Job Supervisor _____ Title _____ Phone _____

Description of Duties

Supervisor's Evaluation of Performance: Please give candid criticisms on the student's performance. This information will be used for guidance. The supervisor is urged to discuss this evaluation with the student before returning it. A pre-addressed envelope is provided.

RELATION WITH OTHERS

Exceptionally well accepted

Works well with others

Gets along satisfactorily

Has some difficulty

Excels

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