

## STUDENT ASSESSMENT OF WORK TERM

***Based on your work experience, please rate this section on the following (1 = weakest, 5 = strongest)***

On-the-job-training: \_\_\_\_\_

Comments: \_\_\_\_\_

Challenge of Work: \_\_\_\_\_

Comments: \_\_\_\_\_

Amount of Work: \_\_\_\_\_

Amount of Supervision: \_\_\_\_\_

Over-All Job Satisfaction: \_\_\_\_\_

Comments: \_\_\_\_\_

***Based on your work experience, answer the following questions.***

Was the job what you thought it would be? If not, what adjustments did you make to get the most out of this opportunity?

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How suitable was the level and quantity of work in relation to your academic level and your level of experience?

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What did you learn during this work experience?

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How could you have improved your Co-op work term?

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What advice would you give to the next Co-op student?

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Finally, if you were a Co-op Coordinator, what would you do to make improvements to the program?

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Additional Comments:

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Do we have permission to share this with your employer? Yes No

Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_