

Linn-Benton Community College
 6500 SW Pacific Boulevard
 Albany, OR 97321
 (541) 917-4787
 E-mail: cwe@linnbenton.edu



Term: Fall Winter Spring Summer _____ Year

Date: _____

COOPERATIVE WORK EXPERIENCE

STUDENT SELF-EVALUATION OF WORK-RELATED SKILLS

Student Name _____

CWE Training Site _____

CWE Employer/Supervisor _____

DIRECTIONS:

Before you begin your CWE: Review the work-related skills below prior to working. You and your supervisor will complete separate evaluations on these work-related skills.

At the end of your CWE: Using the criteria below, please evaluate yourself, sign (only if submitting paper form), and date. **Submit online through Moodle**

- | | |
|------|---|
| (4) | Exceptional – Demonstrates exceptional performance. Among the very best. |
| (3) | Exceeds Expectations – Performs with little or no supervision. Looks for ways to achieve excellence. |
| (2) | Meets Expectations – Performs consistently well with supervision. Completes assignments and tasks on time. |
| (1) | Below Expectations – Requires much supervision. Inconsistent performance. |
| (NA) | Not Applicable or Observed |

		4	3	2	1	N/A
ADAPTABILITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-AWARENESS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL SKILLS	Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANAYTSIS / SOLUTION MINDSET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL / DIVERSITY AWARENESS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTREPRENEURIAL MINDSET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLLABORATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-MOTIVATION & INITIATIVE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIGITAL FLUENCY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPATHY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESILIENCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB KNOWLEDGE & SKILLS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB PERFORMANCE	Adequate output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accurate and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Acceptable quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follows safety regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL PERFORMANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are my strengths? _____

In which areas can I improve? _____

Student Signature: _____ Date: _____