

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



Term: Fall Winter Spring Summer _____ Year

COOPERATIVE WORK EXPERIENCE

EMPLOYER/SUPERVISOR EVALUATION OF WORK RELATED SKILLS

Student Name _____

Company/Agency _____

Supervisor _____

- (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**

Directions: Please check the box that best applies to the student's performance

Directions: Please check the box that best applies to the student's performance		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"/>
ANALYSIS / 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"/>

Strengths: _____

Recommended areas to improve: _____

Has this evaluation been discussed with the student? YES NO

If yes, Date: _____

Supervisor's Signature _____

Date _____