

**Department of Mechanical Engineering, Mechatronic Engineering
& Manufacturing Technology**



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Employer Evaluation of Co-Op/Internship

Student's Name: _____ Employer: _____

Student's Position Title: _____ Division/Dept: _____

Work Period: _____ Immediate Supervisor: _____

Telephone or Email: _____

Job Description (separate description may be attached):

Appraisal of Student's Performance:

	Excellent	Good	Satisfactory	Marginal	Unsatisfactory
Learning Ability	5	4	3	2	1
Judgment	5	4	3	2	1
Quality of Work	5	4	3	2	1
Analytical Skills	5	4	3	2	1
Technical Skills	5	4	3	2	1
Oral Communication	5	4	3	2	1
Written Communication	5	4	3	2	1
Accepts Direction	5	4	3	2	1
Motivation and Effort	5	4	3	2	1
OVERALL RATING	5	4	3	2	1

Remarks: What traits may help or hinder the student's progress? In which related subject areas was this student well-prepared or deficient? (use reverse side if necessary)

Signature _____ Title _____ Date _____