



VILLANOVA
School of Business

Student Evaluation of CoOp Experience

Instructions

The information you provide in this evaluation will be kept confidential, unless you specify otherwise. The purpose of this evaluation is to determine the effectiveness of the CoOp experience and the appropriateness of continuing our relationship with the employer. Please be specific and objective. Thank you for your constructive comments and feedback. Through this evaluation process, our intent is to continually improve the quality of professional experiences offered to VSB students. **PLEASE SUBMIT THIS EVALUATION FORM WITH YOUR DAILY ACTIVITY LOG AND CoOp PAPER.**

CoOp Name: _____ CoOp Position: _____
 Sponsoring Employer: _____ Supervisor Name: _____
 Supervisor E-mail Address: _____ Supervisor Phone: _____
 CoOp Start Date: _____ CoOp End Date: _____

Rating System

0 – Does Not Apply; 1 – Strongly Disagree; 2 – Disagree Somewhat; 3 – Neutral Feeling; 4 – Agree Somewhat; 5 – Strongly Agree

JOB EXPERIENCE	RATING	COMMENTS
Work Load Appropriate expectations and achievable goals set by supervisor		
Quality of Supervision Meaningful direction given; questions answered; professional training provided		
Professional Development CoOp activities provided insight into field of business, nature of profession or industry		
Quality of Experience Challenging assignments; reality of CoOp matched expectations as originally presented; productive learning experience		

Additional Comments:

Have you been offered a full-time position with this company? Yes ____ No ____

If yes, are you accepting the offer? Yes ____ No ____

Would you recommend this CoOp to another student? Yes ____ No ____

Why or Why Not?

May we share this evaluation with prospective CoOp students? Yes ____ No ____

CoOp Signature: _____ Date: _____

PLEASE COMPLETE AND SIGN; FAX, MAIL OR DROP OFF TO:

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