

# EMPLOYER EVALUATION

Cooperative Education Office  
2039 Kennedy Boulevard, V101  
Jersey City, New Jersey 07305  
(201) 200-3005/6  
1-800-624-1046

Student \_\_\_\_\_ Major \_\_\_\_\_ Work Period \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Cooperative Education Coordinator \_\_\_\_\_ Faculty Coordinator \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Job Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Evaluation of Performance: Please give candid criticisms on the student's performance. This information will be used for guidance. The supervisor is urged to discuss this evaluation with the student before returning it. A pre-addressed envelope is provided.

## RELATION WITH OTHERS

Exceptionally well accepted

Works well with others

Gets along satisfactorily

Has some difficulty

Does not get along

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