



Cooperative Education

Scottsdale Community College
9000 E Chaparral Rd
Scottsdale, AZ 85256

Student Feedback Form

Date:

Semester:

Year:

Supervisor Name:

Student's E-mail:

Organization:

Student's Name:

Position Title:

Student ID:

Home Phone:

Cell Phone:

How satisfied were you with this experience?

Comments:

How would you rate the work environment?

Comments:

How would you rate your supervisor?

Comments:

Would you recommend this company?

Comments:

What were your responsibilities?

What skill(s) did you use most?

What skill(s) did you develop?

What course(s) prepared you the most?

Learning Objective One:

State the task in learning objective one and how you accomplished the task.

Learning Objective Two:

State the task in learning objective two and how you accomplished the task.

Learning Objective Three:

State the task in learning objective three and how you accomplished the task.