



Cooperative Education

Scottsdale Community College
9000 E Chaparral Rd
Scottsdale, AZ 85256

Employer Evaluation Form

Date:

Semester:

Year:

Supervisor Name:

Student's Name:

Organization:

Position Title:

Work Phone:

Cell Phone:

Quality of work:

Accuracy, completeness, reliability, and efficiency of work. Work output reflects appropriate level of competence in the areas of writing, oral communication, planning, and organizing.

Comments:

Job Knowledge:

Demonstrates appropriate level of knowledge in field or discipline. Takes opportunities to learn appropriate new work-related skills and procedures.

Comments:

Dependability:

Maintains acceptable attendance and punctuality. Attends to details, follows instructions and appropriate procedures, and fulfills job responsibilities.

Comments:

Communication:

Interacts effectively with peers, subordinates, and others. Maintains positive relationships with others.

Comments:

Initiative:

Self-motivated. Graciously accepts additional challenges and willingly assists others.

Comments:

Overall performance:

Comments: