



University
of Houston
Clear Lake

Student's Evaluation of Cooperative Work Experience

University of Houston – Clear Lake
Career Services, SSCB 3109
2700 Bay Area Blvd.
Houston, TX 77058-1098

Phone: 281.283.2590

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Instructions: Please make appropriate comments regarding your most recent co-op work experience. Attach extra sheets if space allotted is not sufficient.

Note: If you feel a need to discuss this evaluation, please schedule an appointment with Career & Counseling Services (CCS) within two weeks of turning in the form. Remember to report any changes in your contact information, including changes to your address, phone, and email.

Name:

Student ID:

Home Phone:

Mailing Address:

Email:

How many semesters have you participated in UHCL co-op before this one?

Semester:	Fall	Spring	Summer	Year:			
Major:				Level:	Jr.	Sr.	Grad

Employer:

Company Address:

Job Title:

Work Phone:

Department:

Description of Duties

Salary: per hour per week per month per year

Average Hours Worked per Week:

Supervisor's Name:

Supervisor's Phone:

Supervisor's Title:

1. How were you able to apply knowledge gained in the classroom in your chosen career?

2. To what degree do you feel that the co-op work experience contributed to knowledge in your chosen career?

3. To what degree were you adequately trained and supervised during the work term?

4. How would you describe the working conditions and relations with other employees?

5. Do you feel the nature of the task assigned and your responsibilities were appropriate given your academic and work experience level? Please be specific and comment on positive and negative aspects.

6. An overall rating for this work period.

Outstanding Above Average Satisfactory Below Average Poor

7. What advice would you give future co-op students who may work for this employer?

8. Did you have any logistical problems in the course of your co-op assignment (i.e., housing, transportation)?

9. If you had to relocate, did you live with relatives/friends? Yes No

Rent? Yes No Approximate rent per month

The name and address of the rental

10. Please suggest recommendations that could improve the quality of the co-op work experience either by the employer or by UHCL's Career & Counseling Services Office.

Student's Signature:

Date:

Career Services Comments:

Career Services Signature:

Date: