



Cooperative Work Experience Program

Employer's Evaluation of CWEE Student/Employee and Verification of Hours Worked

Name of Student/Employee _____ Date _____

Employer _____
Company Name _____ Address _____

_____/_____/_____
City State Zip

Supervisor _____

Sample Document

Your constructive criticism enables West Hills College to provide better instructional training. Please evaluate your student/employee below:

Employer's Evaluation

Check (✓) the number which best describes your student/employee's characteristics.						
1-excellent 2-above average 3-meets expectations 4-poor 5-not applicable						
Characteristics		Rating				
		1	2	3	4	5
Relationships With Other People						
Cooperation with fellow workers?						
Ability to deal with the public?						
Dependability						
Normally on time for work?						
Judgement						
Maturity in making decisions?						
Ability to set work priorities?						
Attitude Toward Work						
Enthusiasm?						
Diligently performs work until completed?						
Job Progress						
Ability to follow instructions?						
Willing to accept responsibility for work?						
General Rating						
Quality of work?						
Employee's possibility of advancement?						

Have you discussed the employee's progress with him/her yes no

Verification of Hours Worked

FALL SEMESTER		SPRING SEMESTER		SUMMER SESSION	
August		January		June	
September		February		July	
October		March			
November		April			
December		May			
Total		Total		Total	

The above named student has completed _____ hours of work. This work was accomplished during the following period of time:

From _____ Date _____ To _____ Date _____

Supervisor's Signature

Student's Signature