



Instructions: For each co-op or internship work term, a complete student evaluation of work experience must be submitted to the co-op & internship office. Complete parts A and B and submit to ECIP by the due date specified on the *academic calendar*.

Part A: Will be kept in your personal file and will not be distributed or made accessible to individuals outside the ECIP office.

Part B: Will be kept on file to assist future students in evaluating potential employment, so please be detailed. These forms should be typed or printed neatly in ink.

Note: You are encouraged to express your opinions candidly because you play a valuable role in helping to shape employers' co-op & internship programs. ECIP occasionally compiles comments anonymously from the "Employer Feedback" section (last page) to share with employers.

PART A: We will separate your information from Part B to keep the evaluation anonymous.

YOUR INFORMATION

Name: _____ Unique OSU email _____

Major: _____ Rank: Fr So Jr Sr Grad

Job Type: Co-op Internship Work Term: Autumn ___ Winter ___ Spring ___ Summer ___
year year year year

EMPLOYER INFORMATION

Organization Name: _____ City/State: _____

Dept./Division: _____

Job Title: _____

Supervisor's Name: _____ Title: _____

Supervisor's Email: _____ Phone: _____

FINANCIAL INFORMATION

Pay rate: _____ hourly / _____ Weekly / _____ Monthly

ADDITIONAL WORK TERMS WITH EMPLOYER

Will you be returning for an additional work term? Yes No

If yes, which term(s)? _____

Have you received an offer for career employment with this employer? Yes No

Have you accepted an offer for career employment with the employer? Yes No

EXPERIENCE EVALUATION

PART B:

EMPLOYER INFORMATION

Organization Name: _____ City/State: _____

Dept./Division: _____

Your Job Title: _____

STUDENT PROFILE

Your Major: _____ Rank: Fr So Jr Sr Grad

Job Type: Co-op Internship Work Term(s): Autumn ___ Winter ___ Spring ___ Summer ___
year year year year

Including this work term, how many terms have you worked for this employer: 1 2 3 4 Other ___

JOB INFORMATION

1. Describe the type of work to which you were assigned and the primary tasks and responsibilities.

2. How did you feel about the people with whom you worked (especially your supervisor)?

3. Did your assignments meet your expectations?

4. Did your employer provide an orientation program for new co-op/intern employees? Yes No
If yes, what was included?

5. Did your employer provide any professional training to you? Yes No
If yes, on what topics?

6. Working Hours: From: _____ am/pm To: _____ am/pm Hours per week: _____ Overtime pay? Yes No

7. Benefits: Life Insurance Health Insurance Paid Holidays Credit Union Vacation

Relocation Assistance (specify) _____

Housing Assistance (specify) _____

Other (please specify) _____

8. What did you like most about your job assignment?

9. What did you like least?

ACADEMIC/PROFESSIONAL DEVELOPMENT

1. How did this practical experience enhance your understanding of your chosen field? (This need not be major related. For example, you may have learned about the value of writing, speaking, or management skills.)

2. What have you learned that will influence course selections?

3. Did you feel well prepared academically, for this experience?

4. Would you be willing to speak to various groups of students about your experience? Yes No

STUDENT EXPERIENCE WITH THE EMPLOYER

1. What is your overall evaluation of this experience? Excellent Good Average Fair Unsatisfactory

2. What was most valuable about this experience?

3. Would you recommend this company as a good place to co-op or intern? Yes No (give reasons)

4. Would you consider this company for permanent employment? Yes No (give reasons)

5. Please include any suggestions, remarks, or constructive criticism that would improve your employer's co-op/intern program.
