

**Cooperative Education
Work Experience**

STUDENT PROGRAM EVALUATION

ATTACH TO WRITTEN REPORT

Female _____ Male _____ Age _____ Major _____ Day Student _____ Eve Student _____

1. Do you think that Co-op Education has been helpful to you in your educational growth? Yes () No ()
2. Were the Co-op course requirements made clear to you at the beginning of the semester? Yes () No ()
3. Has the use of "learning objectives" been helpful to you? Yes () No ()
4. Was your Co-op instructor helpful to you in developing measurable objectives? Yes () No ()
5. Do you think your learning objectives could have been more challenging? Yes () No ()
6. Was your work supervisor receptive to your participation in Co-op? Yes () No ()
7. Was your work supervisor helpful in developing and/or implementing your objectives? Yes () No ()
8. Would you recommend this program to your friends? Yes () No ()
9. Do you think the Co-op requirement of at least three (3) learning objectives is about right? Yes () No ()
10. Did you receive any other benefits from your participation in Co-op Ed this semester? Explain. Yes () No ()

11. Describe any change in relationships that occurred between you and your supervisor as a result of the Co-op Ed program.

12. Suggestions for improvement of the Co-op Ed program.

13. You may enroll in Co-op for a total of 16 units. After your experience in Co-op this semester, do you intend to enroll again? Yes () No ()
14. Do you think the following occurred for you as a result of the Cooperative Education program?
- A. Improved understanding of job responsibilities? Yes () No ()
 - B. Improved job performance? Yes () No ()
 - C. Improved attitude and commitment toward work? Yes () No ()
 - D. Improved communications with your employers? Yes () No ()
 - E. Increased feeling of achievement? Yes () No ()
 - F. Learned to set priorities? Yes () No ()
15. Will you incorporate “goal setting” into your future as a valuable tool toward success? Yes () No ()
16. Additional comments: