

# PERFORMANCE EVALUATION



Dear Supervisor:

Please use this form to evaluate the performance of your Laurier Co-op student at the end of his or her work term. After completing your portion of the form, please review the evaluation with your student. There is space on the last page for the student's comments and both your signatures.

You may return the form **by fax** to (519) 884-8829 or **by post** to Department of Co-operative Education, Wilfrid Laurier University, 75 University Avenue West, Waterloo, Ontario, N2L 3C5. If you have any questions, please call your co-op co-ordinator at (519) 884-0710, extension 4484. Thank you.

Name of Organization: _____
Name of Supervisor: _____
Supervisor's Title: _____
Name of Student: _____
Please list the student's primary assignments and projects:

**Performance Rating Key**

<b>E</b>	Excellent	Consistently exceeds my expectations for performance.
<b>VG</b>	Very Good	Often exceeds my expectations for performance.
<b>G</b>	Good	Sometimes exceeds my expectations.
<b>S</b>	Satisfactory	Meets my expectations.
<b>NI</b>	Needs Improvement	Needs to improve performance.
<b>U</b>	Unsatisfactory	Does not meet my expectations for performance.
<b>NA</b>	Not Applicable	Not required by the position.
	Comments	Please provide examples to support your ratings, along with suggestions on how the student could improve his or her performance.





**Laurier Co-op Performance Evaluation - 4**

You are welcome to comment on your experience with Laurier Co-op.

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*I would like this student to return to my organization for another work term after their next academic term.*

Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

If undecided, when would you like us to call you to confirm? \_\_\_\_\_

Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student's comments:**

Please comment on this position, your performance during the work term, your response to this evaluation and your goals for future employment.

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*I have read this performance evaluation and discussed it with my supervisor.*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of information:**

*I hereby give approval for the information in this evaluation to be released to potential employers, providing the student also signs this release.*

Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

*I hereby give approval for information in this evaluation to be released to potential employers, providing my supervisor also signs this release.*

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_