

DELAWARE COUNTY COMMUNITY COLLEGE  
COLLEGE SPONSORED EXPERIENTIAL LEARNING  
STUDENT EVALUATION OF CO-OP/INTERNSHIP EXPERIENCE

INSTRUCTIONS: Please type or print clearly in black ink.

NAME\_\_\_\_\_MAJOR\_\_\_\_\_

EMPLOYER\_\_\_\_\_PHONE\_\_\_\_\_

ADDRESS\_\_\_\_\_

SUPERVISOR'S NAME\_\_\_\_\_

YOUR JOB TITLE\_\_\_\_\_

DATES OF CO-OP/INTERNSHIP\_\_\_\_\_

1. Describe your responsibilities and activities during this work experience.
  
  
  
  
  
  
  
  
  
  
2. What were your goals for this co-op/internship?
  
  
  
  
  
  
  
  
  
  
3. Were your goals achieved?
  
  
  
  
  
  
  
  
  
  
4. What skills did you develop during this experience?
  
  
  
  
  
  
  
  
  
  
5. Was your supervisor available to you when you needed assistance?
  
  
  
  
  
  
  
  
  
  
6. Describe your work environment.

7. Comment on any positive aspects of the experience.
8. Comment on any negative aspects of the experience.
9. Would you recommend this co-op/internship placement to another CSEL student? Yes\_\_\_\_\_No\_\_\_\_\_.
10. What is your overall opinion of your co-op/internship experience?
11. How did this experience influence your future plans?
12. Were you offered a permanent position with this employer?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, did you accept?
13. Additional comments.
14. May we share this evaluation with students considering placement with this employer in the future? Yes\_\_\_\_\_ No\_\_\_\_\_
15. What were your total wages earned during the Co-op?

Student Signature\_\_\_\_\_

Date\_\_\_\_\_