

WORK-BASED LEARNING STUDENT EXPERIENCE EVALUATION FORM (FORM C)

Student: _____

Semester/Year of Co-op & Internships _____

Co-op & Internships Organization _____

Job Title at Co-op & Internships site _____

Hours per week at Co-op & Internships site _____

Major _____ Credits attempted _____

How did you obtain this Co-op & Internships Experience?

___ Rhodes State College Division of _____

___ Rhodes State College Career Services

___ Personally Obtained

___ Ohio Means Jobs

___ Other _____

Please evaluate the employer using the following criteria:

Excellent (E) **Very Good (VG)** **Good (G)** **Fair (F)** **Poor (P)**

Evaluation Factors	E	VG	G	F	P	Comments
Supervision received at the Co-op & Internships site						
Opportunities available to learn new things						
Guidance received from supervisor						
Overall Co-op & Internships experience						

In what ways do you feel your Rhodes State College education has prepared you for your Co-op & Internships experience?

What do you feel was lacking in your Rhodes State College education that would have been helpful during your Co-op & Internships experience?

Do you feel that your Co-op & Internships experience will be helpful in pursuing professional opportunities after college?

What skills do you believe you've gained as a result of your Co-op & Internships experience?

Have your initial expectations for the Co-op & Internships experience been met? Why or why not?

Please complete this survey online at [Form C](#)