



Work Placement Evaluation Form

(to be completed by workplace supervisor at the end of employment)

Student name: _____

| CRITERIA | MARK |
|---|--|
| 1. Teamwork: <ul style="list-style-type: none"> • Demonstrates good working relationships • Is able to participate in a team—cooperative, dependable, supportive, flexible, and respectful. • Responds positively to direction and feedback • Follows appropriate Canadian business etiquette | <input type="checkbox"/> <i>Excellent</i> <input type="checkbox"/> <i>Very good</i> <input type="checkbox"/> <i>Good</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Needs Improvement</i> <input type="checkbox"/> <i>Failure</i> |
| 2. Communication (orally and in writing): <ul style="list-style-type: none"> • Presents information in a clear, respectful and professional manner both in person and on the telephone • Produces effective business documents as required • Demonstrates good listening skills and ability to comprehend information | <input type="checkbox"/> <i>Excellent</i> <input type="checkbox"/> <i>Very good</i> <input type="checkbox"/> <i>Good</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Needs Improvement</i> <input type="checkbox"/> <i>Failure</i> |
| 3. Productivity and Time Management: <ul style="list-style-type: none"> • Attends work regularly and arrives at work on time • Utilizes time and resources effectively • Demonstrates ability to work independently and/or with minimal supervision • Plans, meets deadlines, demonstrates organizational skills | <input type="checkbox"/> <i>Excellent</i> <input type="checkbox"/> <i>Very good</i> <input type="checkbox"/> <i>Good</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Needs Improvement</i> <input type="checkbox"/> <i>Failure</i> |
| 4. Problem-Solving, Judgment and Decision-Making: <ul style="list-style-type: none"> • Solves problems and uses sound judgment • Makes decisions—independently and in teams as appropriate • Able to clarify instructions, as necessary, to effectively complete assignments | <input type="checkbox"/> <i>Excellent</i> <input type="checkbox"/> <i>Very good</i> <input type="checkbox"/> <i>Good</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Needs Improvement</i> <input type="checkbox"/> <i>Failure</i> |

Please use the following text box to provide any additional feedback about the co-op student’s performance, character, or work ethic.

Workplace supervisor name

Supervisor signature

Date

Date received by LCC: _____