

Employer's Evaluation

(Represents 30% of total Co-op grade)

Trainee Information	
Name of trainee	Organization

	Criteria	Score
Performance at work	Attendance & punctuality	___ out of 20
	Quality of work produced (productivity)	___ out of 10
	Ability to follow instructions	___ out of 10
	Ability to apply knowledge	___ out of 5
	Ability & enthusiasm to learn	___ out of 5
	Quality of report generation (if applicable)	___ out of 5
Personality	Responsibility	___ out of 15
	Cooperation with colleagues	___ out of 10
	Creativity	___ out of 5
	Self-confidence & independence	___ out of 5
	Communication skills	___ out of 5
	General appearance	___ out of 5
Total		___ out of 100

Note: This evaluation covers the overall performance of the trainee during the 15 weeks of training.

We appreciate your comments:

Strengths of Trainee:

Areas of Improvements:

Other Comments

Would you be interested in hiring this trainee in your organization? Yes No

Name of organization			
Name of supervisor			
Email		Phone	
Signature		Date	

Thank you for all your cooperation