

OCED 90/91 EMPLOYER EVALUATION

100 points

Solano College Cooperative Work Experience Education 4000 Suisun Valley Road, Suisun, CA 94585
Office: Room 1811 Phone: (707) 864-7139 Fax: (707) 864- 7165 E-mail: debra.berrett@solano.edu

Participating Student: _____ Student ID# _____
Evaluating Supervisor: _____ Student Phone# _____
Company: _____ Supervisor Phone # _____
Company Address: _____ City, ST Zip: _____

Objectives

Agreement: The undersigned supervisor and student agree with the validity of the objectives listed below and that the scores recorded reflect the true value and performance of the student at the work place.

Objective Number	Student - write your objectives from your objectives worksheet here. <u>You will need a second sheet if you are taking 5 or 6 units.</u>	Supervisor Evaluation 0-10	Student Evaluation 0-10
1	_____ _____ _____		
2	_____ _____ _____		
3	_____ _____ _____		
4	_____ _____ _____		
	Comments: _____	Total Points	

Supervisor Comments: _____

Rating Scale
9-10 Excellent
6-8 Good
4-5 Fair
0-3 Needs Improvement

Supervisor Signature

Student Signature

Instructor Signature

Date

Date

Date

NOTE: This form is due at the END of the semester (the last week before finals). It will not be accepted more than 1 week early. This form is required to pass the course.

11/08 White to Instructor Yellow to Student Pink to Employer