The University of Texas at Arlington  
College of Nursing and Health Innovation  
Cooperative Education Program – On-Campus BSN & RN-to-BSN Students

Student Evaluation

The student and the immediate supervisor will complete the evaluation prior to the end of each cooperative semester and submit to the Co-Op Coordinator.

Name_________________________ Student ID number________________
Employer_______________________ Department____________
Supervisor’s Name________________ Title_________________
Hourly wage_____________ Hours worked per week_______
Job title________________________________________
Dates of Co-Op Employment________________________
Co-Op Coordinator________________________________

Description of job responsibilities
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Evaluation of Co-Op Work Experiences with Above Employer
*positive aspects *negative aspects
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

How did this Co-Op assignment contribute to your professional development:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Additional Comments
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Student’s signature ____________________ Date ________________
STUDENT/EMPLOYER EVALUATION

Dear Supervisor:
Please complete this evaluation on the Co-Op student identified on the reverse side. We urge that each supervisor evaluate the student’s performance together with the student. Please be candid and evaluate the student objectively according to criteria listed below. If additional space is necessary, please feel free to attach a separate sheet to this form. Please return this form in person or electronically (cflores@uta.edu) as soon as possible.

Describe the position and responsibilities assigned to the student.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Describe the student’s strengths and weaknesses.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of work</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Attitude</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Judgment</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Dependability</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Motivation</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

The student’s overall performance was: (select one)
__Excellent__ Very good __Average__ Below Average __Unsatisfactory

Based on the above evaluation, this student ___is or ___is not invited to return for additional Co-Op experiences.

______________________  __________________  _________
Supervisor’s Signature  Student’s Signature  Date

I confirm that the student mentioned above has worked _____ hours this semester.

___________________________  Supervisor’s Signature