

Cooperative Education Program

Work Experience Report



Co-op Student Information

Date: _____

CSU ID: _____

Printed Student Name: _____

Student Major: _____

Anticipated Graduation Date: _____

How many semesters of Co-op have you completed?

1 2 3

Please circle the type of **co-op rotation** you are currently on:

Summer only Summer/Fall Fall Only Fall/Spring Spring Only Spring/Summer Other:

Co-op Employer Information

Co-op Employer: _____

Division/ Department: _____

Location: _____

Position Title: _____

Work assignment: _____

Supervisor: _____

Rotation Start Date: _____ Rotation End Date: _____

Gross Pay Rate: _____ per hour week month (select one)

Work Experience Ratings

Please rate the overall quality and value of this rotation by marking one of the following: (1=low, 5=high)

1 2 3 4 5 Comment _____

Was your work related to your academic or career interest? (1=no relation, 5=very related)

1 2 3 4 5 Comment _____

Were you prepared academically for your rotation? (1=under prepared, 5=over prepared)

1 2 3 4 5 Comment _____

Was your work assignment challenging? (1=no challenge, 5=overwhelmed)

1 2 3 4 5 Comment _____

Employer's appreciation and management of co-ops? (1=poor, 5=excellent)

1 2 3 4 5 Comment _____

Immediate supervision and guidance during rotation? (1=poor, 5=excellent)

1 2 3 4 5 Comment _____

Your relationship with your fellow employees? (1=poor, 5=excellent)

1 2 3 4 5 Comment _____

Give an overall evaluation of your employer as a co-op program participant: (1=low, 5=high)

1 2 3 4 5 Comment _____

Were you adequately compensated during the co-op in terms of salary? (1=low, 5=high)

1 2 3 4 5 Comment _____

How actively was your input solicited in business and/or technical matters? (1=low, 5=high)

1 2 3 4 5 Comment _____

What new skills did you learn during this rotation? _____

Any skill gaps you discovered during this rotation? _____

Suggestions for improvement of your employer's program _____

Other professional development activities offered by employer: _____

Signature

Date

Please email this form to Courtney.olson@colostate.edu or bring to the Engineering Success Center located on the first floor of the Suzanne and Walter Scott, Jr. Bioengineering Building, suite 102.