

CO-OP FACULTY COORDINATOR ON-SITE VISITATION REPORT

This form is to be completed by the Faculty Coordinator and Supervisor during the student's site visit.

Date of Visit: _____ Semester: _____ Year: _____

Student Name: _____ Student ID #: _____

Co-op Company Name: _____

Faculty Coordinator: please appraise the student's performance at the time of this site visit.

	Outstanding	Very Good	Average	Below Average	Unsatisfactory
Subject Knowledge	<input type="radio"/>				
Progress on MLOs	<input type="radio"/>				
Attitude towards work	<input type="radio"/>				
Relationship with co-workers	<input type="radio"/>				
Attendance/Punctuality	<input type="radio"/>				
Appropriate Appearance	<input type="radio"/>				

Co-op Supervisor: please appraise the student's *overall* performance at the time of this site visit.

Outstanding Very Good Average Below Average Unsatisfactory

Comments: _____

Faculty Coordinator Signature

Co-op Supervisor Signature (Required)

Faculty Coordinator Name (print)

Co-op Supervisor Name (print)