

## EMPLOYER EVALUATION OF COURSE

### EMPLOYER INFORMATION:

Name of Organization:	
Contact Person:	
Telephone Number:	
Email:	

WORK PLACEMENT TYPE (i.e. Hospital, retail, trades): \_\_\_\_\_

Support from the School	Strongly Disagree 1	2	3	4	Strongly Agree 5
I have received adequate support from the monitoring teacher.					
I am satisfied with the frequency of visits from the monitoring teacher.					

Student Information	Strongly Disagree 1	2	3	4	Strongly Agree 5
The student has performed at the level I anticipated.					
The student has shown initiative.					
I have been able to provide the student with a variety of experiences on the job.					
The student was adequately prepared for the job.					

# COOPERATIVE EDUCATION 120

1. Was having a Coop student a positive experience for your business?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Did you provide any Occupational Health and Safety training/information to the student?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Was participating in the program a benefit to you as an employer?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Would you consider participating in this program again?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. Would you recommend this program to other employers?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
6. Have you offered or considered offering employment to current or past High School Coop students?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
7. If yes, was the employment:  
Summer \_\_\_\_\_ Part-time \_\_\_\_\_ Full time \_\_\_\_\_
  
8. What could we do to improve the program/your experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing this survey!**

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Send this survey to:

NAME: \_\_\_\_\_ FAX/EMAIL: \_\_\_\_\_

OR // Leave survey with the Cooperative Education Teacher