

## Co-Op Programs Mid-Internship Evaluation Form

This Mid-Internship Evaluation has to be discussed between you and your Coop supervisor and signed by both of you. Once signed, send it electronically to the Co-Op coordinator by the mid-internship. A copy of this evaluation must be attached to the final internship report.

**General Information**

Student's Name:

UQO's Permanent Code:

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Year and Trimester:

Winter \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_

Program of study:

Internship Level:

Organization's Name:

1st Intern.  2<sup>nd</sup> Intern.  3rd Intern.

Supervisor's Name:

**Evaluation of the trainee's performance by the employer**

Evaluation Criteria	Needs improvement	Meets expectations	Exceeds expectations	Please justify: (the size of the boxes will adjust to the text)
<b>Ability to do the job</b> Does the Co-Op student understand the work requested and is he able to perform it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Initiative</b> Does the Co-Op student demonstrate initiative, autonomy and the ability to anticipate the tasks to be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Receptivity and positive behavior</b> Is the Co-Op student receptive to the tasks assigned to him, to the critics and is he able to show improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Time management and timelines</b> Does the Co-Op student take the right steps to complete a task in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Work methods</b> Has the Co-Op student developed effective working strategies and organizational skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Participation and teamwork</b> Is the Co-Op student involved in management activities (e.g. meetings) and in the team life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Punctuality and assiduity</b> Is the Co-Op student punctual and is he regular in his attendance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If needed, please indicate other strengths of the Co-Op student or desired improvements:

**Student's assessment of the Training Environment**

Evaluation Criteria	Needs improvement	Meets expectations	Exceeds expectations	Please justify: (the size of the boxes will adjust to the text)
<b>Co-Op position relevance</b> Does the internship comply with the Co-Op offer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Job training</b> Does the workplace allow the development of professional skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Workload</b> Does the workplace offer a sufficient volume of work and a variety of tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Involvement in management activities</b> Does the workplace provide involvement opportunities in meetings and discussions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Quality of supervision and follow-ups</b> Does the workplace ensure proper supervision and follow-ups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If needed, please indicate other key aspects of the internship appraisal or suggestions for improvements:

_____ Supervisor	_____ Date
_____ Co-Op Student	_____ Date