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| 01_Gat_UQO_Complet_RGB(300) | | Co-Op Programs  **Mid-Intership 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: | | |  |  |  | | |  |  |  |  | |  |  |  | |  |  | | Year and Trimester: | | | | | |
| Program of study: | | | | | | | | | | | | | | | | | | | | Winter | | | Summer | Fall | |
|  | | | | | | | | | | | | | | | | | | | | Internship Level: | | | | | |
| Organization’s Name: | | | | | | | | | | | | | | | | | | | | 1st Intern. | | | 2nd 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) | | | | |
| **Ability to do the job**  Does the Co-Op student understand the work requested and is he able to perform it? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Initiative**  Does the Co-Op student demonstrate initiative, autonomy and the ability to anticipate the tasks to be done? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Receptivity and positive behavior**  Is the Co-Op student receptive to the tasks assigned to him, to the critics and is he able to show improvement? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Time management and timelines** Does the Co-Op student take the right steps to complete a task in a timely manner? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Work methods** Has the Co-Op student developed effective working strategies and organizational skills? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Participation and teamwork** Is the Co-Op student involved in management activities (e.g. meetings) and in the team life? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Punctuality and assiduity**  Is the Co-Op student punctual and is he regular in his attendance? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| 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) | | | | |
| **Co-Op position relevance**  Does the internship comply with the  Co-Op offer? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Job training**  Does the workplace allow the development of professional skills? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Workload**  Does the workplace offer a sufficient volume of work and a variety of tasks? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Involvement in management activities**  Does the workplace provide involvement opportunities in meetings and discussions? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| **Quality of supervision and follow-ups**  Does the workplace ensure proper supervision and follow-ups? | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |
| If needed, please indicate other key aspects of the internship appraisal or suggestions for improvements: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  | | |  | | |  |
|  | Supervisor | | | | | | | | | | | | | | | | | |  | | | Date | | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | |  | | |  |
|  | Co-Op Student | | | | | | | | | | | | | | | | | |  | | | Date | | |  |