



SADDLEBACK COLLEGE

28000 Marguerite Parkway • Mission Viejo, CA 92692
949.582.4500 • www.saddleback.edu

Cooperative Work Experience (CWE)

Employer's Evaluation of the Student

Student's Name:		Student ID:	
Employer's Name:		Contact Phone:	
CWE Instructor's Name:			

Students: Submit this form to your Supervisor during the 15th week of the Spring/Fall Semesters or the 6th week for Summer Semester.
Supervisor: Please return this form to the Instructor at the end of the semester.

Were Job Oriented Learning Objectives achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
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Skills	Evaluation	Comments
Basic Skills Demonstrates competency in reading, writing, mathematics, speaking, and listening	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Organization Skills Allocates time, money, materials, space and staff	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Interpersonal Skills Participates on teams, teaches others, serves customers, leads, negotiates, and works well with people	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Information Acquires and evaluates data; organizes and maintains files; Interprets and communicates information; Uses computers to process information	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Technology Selects equipment and tools; applies technology to specific tasks; maintains and troubleshoots equipment	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Critical Thinking Employs critical and creative thinking; Make decisions and solves problems	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Personal Qualities Demonstrates responsibility, confidence, self-management, sociability, and integrity	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Signatures			
Student's Signature:		Date:	
Employer's Signature:		Date:	
Instructor's Signature:		Date:	