

Confidential Work Term Employer Evaluation Form

This evaluation form must be completed by the student's supervisor if the work term report is deemed confidential or to contain proprietary information which precludes the report to be submitted for evaluation by the College.

Student's Name: _____ **Program of Study:** _____

Work Term: _____ (e.g. Summer 2001)

Employer Name: _____

Evaluated by: _____ **Tel. #:** _____

Criteria	E = Excellent G = Good F = Fair U = Unsatisfactory	Comments
<u>Presentation</u> - Cover Page - Table of Content - List of tables and appendices - Overall appearance	_____ _____ _____ _____	
<u>Structure</u> - Introduction - Conclusions - Recommendations - Appendices - References	_____ _____ _____ _____	
<u>Literary Quality</u> - Grammar - Spelling - clarity - Style	_____ _____ _____ _____	
<u>Quality of subject matter</u> - Relevance of ideas/solutions presented - Understanding and depth of concepts discussed - Understanding of significance of the work within the employers environment	_____ _____ _____	
Overall Evaluation	Pass _____ Fail _____ Resubmit _____	

Signature of Evaluator: _____ Date: _____