**Western Michigan University**

College of Engineering and Applied Sciences

Electrical and Computer Engineering Department

Co-op/Intern Employer Survey

DATE: Click here to enter a date.

|  |  |
| --- | --- |
| Student Name: |       |
| Western Identification Number: |       |
| Employer Name: |       |

***Instructions: This form should be completed by the student’s immediate supervisor. Please objectively compare our student’s performance with that of other students/ interns of similar academic level and experience. Please send scanned copy of completed form to ece-mail@wmich.edu.***

**Please use the following scale in rating work performance:**

**0=Not Applicable 1=Unsatisfactory 2= Marginal 3=Average 4= Very Good 5= Outstanding**

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| --- |
| **Work Performance** |
| Attendance |  | Timeliness |  | Attitude |  |
| Attire |  | Quality of Work |  | Collegiality |  |
| Dependability |  | Contribution to Company |  | Accepts Constructive Criticism |  |
| Takes Initiative |  | Punctuality |  | Knows when to seek help |  |
| Confidence |  | Time Management |  | Ability to Learn |  |
| Overall Performance  |  |

*How does this student compare to students from other institutions in work* ***performance****:*

|  |
| --- |
| **Performance Abilities** |
| Applies knowledge of mathematics, science, and engineering |  | Written communication |  |
| Designs systems, component, and processes |  | Oral Communication |  |
| Uses modern engineering/computer skills, techniques, and tools |  | Functions on teams |  |
| Understands professional and ethical responsibility |  | Analyzes/Interprets Data |  |

*How does this student compare to students from other institutions in* ***performance abilities****:*

**What are this student’s strongest assets?**

**In what areas should this student strive to improve?**

**Would you hire a WMU student again?**  **Would you hire this student again?**

Does it appear this student’s academic program is oriented to the needs of your organization?

Are there any changes in the curriculum you would suggest?

|  |
| --- |
| Overall Comments:  |
| Evaluator Name: |       |
| Evaluator Title/Position: |       |