

PRE-ANTIOCH EMPLOYER RATING



For Employment Prior to Entering Antioch College

Please Mail or FAX to Co-op Office as Soon as Possible

Center for Cooperative Education

795 Livermore Street
Yellow Springs, Ohio 45387
937-769-1300
800-535-2410

E-Mail: coop@antioch-college.edu
FAX 937-769-1310

Dates of Employment:

Student	Co-op Advisor
Job Title or Position	
Employing Organization	

_____, 20____
from
_____, 20____
to

EVALUATION Alternating work and classroom experience is a degree requirement for all Antioch students; the employer rating of a student's on-the-job performance is an integral part of the student's college records. Discussion of the rating between the work supervisor and the student enhances the experiential learning process. Please discuss this rating with the student, if possible, since it becomes the basis of conferences between the student and their adviser when the student returns to campus. Send the completed form to the Center for Cooperative Education.

1. Please describe the responsibilities inherent to the student's position:

2. Please evaluate the student's work in light of the above requirements

Continued on reverse →

3. General evaluation of the student's work (check appropriate lines):

Relations ☐ Exceptionally well accepted ☐ Works well with others ☐ Gets along satisfactorily ☐ Some difficulty working with others ☐ Works very poorly with others	Reaction to Work ☐ Outstanding in enthusiasm ☐ Very interested and industrious ☐ Average in diligence and ☐ interest ☐ Somewhat indifferent ☐ Negative--not interested	Judgment ☐ Exceptionally mature ☐ Above average in ☐ decision-making ☐ Usually makes the right decision ☐ Often uses poor judgment ☐ Consistently uses bad judgment
Dependability ☐ Completely dependable ☐ Above average in dependability ☐ Usually dependable ☐ Sometimes neglectful or careless ☐ Unreliable	Initiative and Self Reliance ☐ Demonstrates outstanding initiative ☐ Seeks out new responsibilities ☐ Works well independently ☐ Follows directions adequately ☐ Requires constant supervision	Quality of Work ☐ Excellent ☐ Very Good ☐ Good ☐ Below ☐ Average ☐ Unsatisfactory

4. Would you hire this student in an appropriate job on a permanent basis? Yes ☐ No ☐

5. Please comment on ways in which the student might improve performance on the next work assignment.

SUPERVISOR'S INFORMATION AND SIGNATURE

Signature _____ Title _____ Date _____

Supervisor (Please Print or Type) _____

Employer Address _____

City _____ State _____ Zip _____ Telephone No. _____