

1. STUDENT INFORMATION

Name		Surname	
Department		Student Number	

2. INFORMATION ABOUT THE COOPERATIVE EDUCATION INSTITUTION/COMPANY

If the student has worked in more than one unit/department during cooperative education, his/her supervisor in each unit/department will fill out this form separately

Institution/Company Name	
Institution/Company Address	
The Department where the Student has Worked	
Description of the Student's Work	

3. STUDENT COOPERATIVE EDUCATION INFORMATION

Academic Year	20 ... – 20 ...	Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Start Date	End Date	Duration of Cooperative Education (Days)	Absenteeism of the Student (Days) <i>Including the days when the student is on leave</i>		
... / ... / 20 / ... / 20 ...				

4. STUDENT ACHIEVEMENT

Indicate if you agree with the statements below	I strongly agree	I agree	I Partially Agree	I Partially Disagree	I disagree	I Strongly Disagree
The student's knowledge was at a sufficient level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student complied with the working hours of the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student completed the tasks assigned to him/her on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student performed the tasks assigned to him/her with the desired quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student's behavior and interest in the work were good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student successfully worked with his/her superiors at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student's communication with colleagues was at the desired level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The student's contribution to the workplace was good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. GENERAL ASSESSMENT OF THE STUDENT

How do you evaluate the overall success of the student?	<input type="checkbox"/> AA <input type="checkbox"/> BB <input type="checkbox"/> CC <input type="checkbox"/> DD <input type="checkbox"/> FF (Failed)
Would you like to work with the student in Cooperative Education again?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student had any notable success (invention, proposal, patent etc.)?	<input type="checkbox"/> Yes Please explain below <input type="checkbox"/> No
Would you consider hiring the student after graduation? (optional)	

Please indicate your comments that you would like to add about the student or the TOBB ETU cooperative education program in this space.
Use additional paper if necessary.

6. WORKPLACE COOPERATIVE EDUCATION SUPERVISOR APPROVAL

Please fill out and sign two copies of this form, keep one of them in your institution/company, and upload the other to the TOBB ETU Information Management System.

Name, Surname		Date	Signature/Seal
Title/Position		... / ... / 20 ...	
E-mail address			
Phone No.			