

Sample Co-op Education Program Student Survey

This program evaluation survey is to be completed by the student and returned by the end of the semester.

Co-op Instructors Name: _____ Date: _____

In order to make the Co-op program better, we would like your help. Please fill out this questionnaire. Thank you for your help.

Your Co-op Instructor

Circle One

1. How many times did you meet with your instructor? 0, 1 2-5
2. Was the number of times you met with your instructor enough? Yes No
3. Did your instructor help in writing your objectives? Yes No
4. Did your instructor keep his/her stated office hours? Yes No
5. Did your instructor call on your work supervisor? Yes No
6. Was the instructor and work supervisor meeting helpful to you? Yes No

Please comment: _____

Your Work Supervisor

7. Did your work supervisor help in writing your objectives? Yes No
8. Did your work supervisor let you be involved in new responsibilities or learning? Yes No
9. Did your work supervisor receptive to being contacted by your instructor? Yes No

Please comment: _____

Yourself

10. Do you feel that you have benefited from the Co-op program? Yes No
In what ways? Please be specific: _____

11. Did your Co-op objectives help you learn on the job? Yes No
In what ways? Please be specific: _____

Other Comments?