

## DISTRICT SCHOOL BOARD OF NIAGARA Cooperative Education Program

## **Student Assessment**

|  | Midterm   | Final                |                      |                      |  |
|--|---|----------------------|----------------------|----------------------|--|
| Student Name:  | Please Return By:   |                      |                      |                      |  |
| Organization's Name:   |   |                      |                      |                      |  |
| Supervisor:  |   |                      |                      |                      |  |
| Your assessment ra   | following Cooperative Education St<br>tings should be in line with what you<br>ntry level worker in your organization | u would exped        |                      |                      |  |
| <b>Placement Specific Expectations &amp; </b> A Please rate the students' performance wit the appropriate column.  |   | ctations by pla      | icing a checkn       | nark ✓ in            |  |
| Placement Specific Expectations To be developed by the employer/superviso teacher based on 3 – 5 specific tasks expecte throughout the current coop placement. |   | Below<br>Expectation | Meets<br>Expectation | Above<br>Expectation |  |
|  |   |                      |                      |                      |  |
|  |   |                      |                      |                      |  |
|  |   |                      |                      |                      |  |
|  |   |                      |                      |                      |  |
|  |   |                      |                      |                      |  |
| Student Strengths:   |   |                      |                      |                      |  |
| Next Steps for Improvement:  |   |                      |                      |                      |  |

**Employability Skills Assessment**Please rate the student's performance with respect to their demonstration of employability skills by placing a checkmark ✓ in the appropriate column.

| Employability Skills   |                   | Below<br>Expectation | Meets<br>Expectation | Above Expectation |
|--|-------------------|----------------------|----------------------|-------------------|
| Demonstrates ability to work independently   |                   |                      |                      |                   |
| Demonstrates effective health and safety practices                                     |                   |                      |                      |                   |
| Demonstrates willingness and ability to work cooperatively with others                 |                   |                      |                      |                   |
| Demonstrates ability to communicate effectively  |                   |                      |                      |                   |
| Demonstrates effective organizational and time manage                                  |                   |                      |                      |                   |
| Demonstrates punctuality, daily attendance and reports required                        | absences as       |                      |                      |                   |
| Demonstrates ability to complete tasks assigned and der self-motivation and initiative |                   |                      |                      |                   |
| Demonstrates a positive attitude when approaching new learning                         |                   |                      |                      |                   |
| Demonstrates ability to complete and submit weekly log                                 |                   |                      |                      |                   |
| Demonstrates respect for ideas, decisions and opinions of                              |                   |                      |                      |                   |
| Demonstrates ability to listen attentively and ask questions for clarification         |                   |                      |                      |                   |
| Demonstrates ability to think critically and adapt to change as required               |                   |                      |                      |                   |
| Overall Comments (please provide some specific statements re                           | garding the stude | ent's performan      | ce in this place:    | ment):            |
| This evaluation has been discussed with the student.                                   | ☐ Yes             | □ No                 |                      |                   |
| Employer/Supervisor Signature  | Date              | Student Signature    |                      | ature             |