



Co-op/Internship Program

FACULTY RECOMMENDATION STATEMENT

Student Name _____

Instructor Name & Course _____

INSTRUCTIONS: Please evaluate the above student using the scale below. Place the number which best represents the student's performance in the space next to each characteristic.

NOTE: This information is considered confidential and remains in the Co-op office. It is used to determine the student's eligibility for Co-op and is NEVER given to employers.

1	2	3	4	5
Unacceptable	Marginal	Average	Very Good	Outstanding

Attitude _____

Communication Skills

Oral _____
Written _____

Dependability _____

Retention Ability _____

Attendance _____

Initiative _____

Punctuality _____

Problem Solving
Ability _____

Overall Performance _____

Approximate Grade: _____

Recommend for Co-op/Internship _____

Do not recommend for
Co-op/Internship at this time _____

Signature _____

Date _____

Comments: Please write on the back of this form.
Please return to Jennifer Orazi/Co-op Office, Room 1305. Thank you.