

IRVINE VALLEY COLLEGE

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Cooperative Work Experience (CWE)

Employer – CWE & Student Evaluation

Company Name:							
Supervisor Name:			Supervisor Contact:				
Student Name:			Instructor Name:				
IVC is committed to improving and maintaining the quality of Cooperative Work Experience Education Program (CWE).							
This questionnaire and your feedback are vital in determining the effectiveness of this program. Thank you for your support!							
EVALUATION SCALE: 1 = Excellent	EVALUATION SCALE: 1 = Excellent 2 = Above			erage 3 = Average 4 = Needs Improvement			
SKILLS	EV	ALUATION		С	OMMENTS		
Basic Skills: Demonstrates competency in reading, writing, mathematics, speaking, and listening.							
Workmanship Skills: Strives for improvement; shows accurace thoroughness, and precision in detail with satisfactory speed.	y,						
Interpersonal Skills: Communicates, listens, and works well wothers. Displays professional manners, emotional intelligence, and social awareness.							
Technology : Applies appropriate technology to specific tasks; maintains and troubleshoots equipment.							
Dependability: Reliable and punctual. Reports to work as scheduled without tardiness or absences.							
Critical Thinking : Employs critical and creative thinking; make decisions and solves problems.	es .						
Flexibility & Adaptability: Quick to accept changes; adjusts to interruptions in work; works well under pressure; learns fast.							
Did the CWE student achieve all Learning Objectives as agreed? ☐ Yes ☐ No Comments:							
Was the CWE student offered a Part-time or Full-time employment?			☐ Yes			No	
Was the CWE faculty easily accessible?			☐ Yes			No	
Was the CWE process/paperwork easy to understand and complete?			☐ Yes			No	
Please share how you learned about IVC's CWE program:							
Please share any suggestions or comments you may have to help us improve the CWE program:							
Sign and Return: This evaluation form must be returned to your CWE instructor to complete the course.							
Student Signature:				Date:			
Employer Signature:				Date:			
Faculty Signature:				Date:			