

**Cooperative Education/Internships**  
**EMPLOYER (Supervisor) PROGRAM EVALUATION**  
**Butler Community College**

**Supervisor:** The purpose of this brief evaluation is to provide the college faculty and administration the necessary feedback to improve or maintain programs at the highest quality possible. Please take three minutes to complete the form below by circling the most appropriate response, as it applies to your experience this semester with the Co-op program. Your written comments will also be appreciated.

<b>SA = Strongly Agree</b>	<b>A = Agree</b>	<b>D = Disagree</b>	<b>SD = Strongly Disagree</b>	<b>NA = Not Applicable</b>
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| 1. I have had adequate contact from the faculty coordinator this semester.   | <b>SA A D SD NA</b> |
| 2. The faculty coordinator explained my responsibilities completely.   | <b>SA A D SD NA</b> |
| 3. Any forms required of me were easy to understand and complete.  | <b>SA A D SD NA</b> |
| 4. For me personally, this semester was a worthwhile professional experience.  | <b>SA A D SD NA</b> |
| 5. Being involved with Co-op was worthwhile for my company.  | <b>SA A D SD NA</b> |
| 6. The student took the course requirements and responsibilities seriously.  | <b>SA A D SD NA</b> |
| 7. The student seemed to make satisfactory progress on his/her career path.  | <b>SA A D SD NA</b> |
| 8. The training plan was a useful tool and resulted in student growth on the job.                                    | <b>SA A D SD NA</b> |
| 9. I would be agreeable to having additional students participate in Co-op.  | <b>SA A D SD NA</b> |
| 10. If you would like to receive more information from the Workforce Development Specialist, call (316) 322-3294     |                     |
| 11. Please make at least one comment regarding your involvement in the Cooperative Education and Internship program. |                     |

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| 12. I authorize BCC to use my comments for promotional materials. | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| Signature: _____ Company: _____                                   |                                     |                                    |

<b>This form may be mailed, postage paid, by folding and sealing (tape or staple). Your prompt response is sincerely appreciated.</b>
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For Office Use:      Semester: _____      Coordinator Initial: _____
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