

Cooperative Education/Internship
STUDENT PROGRAM EVALUATION
Butler Community College

Student: This evaluation is intended to be anonymous and will be used to improve the program and services to students and employers. Please use the following scale:

SA = Strongly Agree	A = Agree	D = Disagree	SD = Strongly Disagree	NA = Not Applicable
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| 1. Personnel in the Cooperative Education and Internship office were friendly and helpful in providing me information and assistance. | SA A D SD NA |
| 2. The number and frequency of contacts by my faculty coordinator was satisfactory. | SA A D SD NA |
| 3. The faculty coordinator explained the portfolio and my responsibilities carefully and completely. | SA A D SD NA |
| 4. The faculty coordinator assisted in identifying my training objectives. | SA A D SD NA |
| 5. Forms, reports and written assignments in the portfolio seemed fair and appropriate for the amount of credit received. | SA A D SD NA |
| 6. I found the required assignments and exercises to be helpful in progressing toward my career goals. | SA A D SD NA |
| 7. The experience I have received at my job site will be a significant help in achieving my career goals. | SA A D SD NA |
| 8. Based upon my experience with the program, I would recommend Cooperative Education or an Internship to a friend. | SA A D SD NA |
| 9. I would have enrolled in Cooperative Education/Internship earlier in my college experience if I had known about it. | SA A D SD NA |

10. I first learned about Co-op/Intern. from the following: (check all that apply)
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|------------------------|----------------------|-------------------------|--------------------|
| _____ *Coordinator | _____ *Friend/Family | _____ Brochure/Magazine | _____ Co-op Office |
| _____ *BCC Instructor | _____ *Co-Worker | _____ Job Fair | _____ Mailing |
| _____ *College Advisor | _____ *Another Univ. | _____ Online Ad | _____ Phone Call |
- *Please provide name(s) _____

 Other _____ Please explain _____

11. I plan to enroll in Cooperative Education again next semester. If no, why not? _____ Yes No

12. Please make at least one comment regarding your participation in the Cooperative Education program.

- Date: _____
13. I authorize BCC to use my comments for promotional materials. Yes No
- Signature: _____ Company: _____

This form may be mailed, postage paid, by folding and sealing (tape or staple). Your prompt response is sincerely appreciated.

For Office Use: Semester: _____ Coordinator Initial: _____
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