



Post Work Term Debriefing

To be completed by the student and brought to the Co-op office for discussion.

*Please Note: Your comments will be kept **strictly confidential**.*

Name: _____

Program: _____ Campus: _____

Work Term #: _____

Employer's Name: _____

Supervisor's Name: _____

Please make your comments as detailed as possible.

1. Describe the supervision provided on your work term. _____

2. Indicate your overall satisfaction with your work term experience. _____

3. Did your supervisor provide opportunity for you to meet your learning objectives as outlined on the learning contract? _____

4. Was your final evaluation discussed to your satisfaction? _____

5. Would you recommend this company/department to other Co-op students? _____



6. Would you recommend “your job” to students in your program? If so, at what level(s)?

7. How would you describe your personal interaction with other employees? _____

8. How would you describe your ability to perform your work? _____

9. How effectively did you utilize your time? _____

10. Were you able to apply your academic training and knowledge to the job requirements?

11. Describe the values of your learning experience. _____

12. What was the most positive aspect of your work term? _____



13. What was the most negative aspect of your work term? _____

14. Indicate ideas or suggestions for job improvement. _____

15. Overall, how would you evaluate your performance? _____

Comments:

Would you like to return to this employer for your next work term? Yes No

Has your work term supervisor invited you back for your next work term? Yes No

Please list the contact name and phone number of the individual with whom the Co-op staff should discuss the potential of your upcoming work term.

Contact Name: _____ Phone #: _____

Email: _____

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I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Student Signature: _____ Date: _____

Student Development Officer Signature: _____ Date: _____