

IS COOPERATIVE EDUCATION PROGRAM WORK SITE VISIT REPORT

COMPANY & STUDENT INFORMATION		
Student First Name	_Last Name	
CSU ID#		
Co-Op Rep	Date of Visit	
Employer	Supervisor	
Street Address		
City	State	Zip Code
Phone	Email	
SECTION 1: QUESTIONS TO EMPLOYER — INPUT ON PLACEMENT		
1. What are the student's responsibilities and tasks?		
2. What is the relevance of this work to the student's academic program?		
3. What type of work environment is this job (i.e. team, individual, structured/guided, autonomous, etc.)?		
4. What level of confidentiality needs to be observed with this report (i.e. is content for public knowledge)?		



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SECTION 2: QUESTIONS TO EMPLOYER - INPUT ON STUDENT AND PROGRAM

1. How satisfactory is the student placement for your needs?
2. If you had the opportunity to describe the job, hire/orient or train the student again, would you do things differently?
3. Are there any changes to the current curriculum/scheduling that would have fit your needs better?
4. Are there any changes or enhancements to the non-technical pre-employment (career) training that would have better prepared the student for this assignment (i.e. oral and written communication skills, ethics, interview preparation)?
5. Do you feel the Co-Op office administration and recruiting process met your organization's needs?
a. How could the office improve service to employers?
6. Do you see any potential for future cooperation/synergy/ongoing relations between your organization and the University (i.e. guest lecturers, common research interests, information sessions)?
7. Do you have any other comments?



SECTION 3: FOR CIS CO-OP FACULTY MENTOR

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1. Was the visit well organized with respect to timing? 2. Were you talking to the right person? 3. Was the location appropriate? 4. What action should be taken now or in the future to improve the value of this or future work terms to the student or employer? 5. Did you come away feeling the visit went well and was worthwhile? 6. How much time did you spend on the student's visit? 7. Do you have any other comments? Name (IS Co-Op Faculty Mentor) Signature _____ Date_____