

Undergraduate Co-op / Internship Program Student Work Term Report

Undergraduate Cooperative Education / Internship Program ♦ Career Services ♦ Virginia Tech
Career Services Building (0128) ♦ Blacksburg, VA 24061 ♦ Phone (540) 231-8097 ♦ fax (540) 231-3293
www.career.vt.edu

Complete this form at the conclusion of each work term; meet with your Career Services Co-op / Internship Program Advisor within 8 weeks of your return to school.

NAME _____	MAJOR _____	
EMPLOYER _____	LOCATION _____	
WORK TERM _____ (fall, spring, summer)	YEAR _____	WORK TERM NUMBER _____ (1st, 2nd, 3rd, etc.)
IMMEDIATE SUPERVISOR'S NAME _____		

Please answer the questions below to help your Career Services Co-op / Internship Program Advisor monitor your work term. This form is also shared with your academic department. If you have any questions regarding the quality of your co-op/intern experience, see your Career Services Co-op / Internship Program Advisor.

SUPERVISION

1. Was assistance from your supervisor available to you?
_____ Frequently _____ Seldom _____ Never _____ If needed
2. Was adequate explanation given to you concerning the behavior that was expected of you as a co-op/intern?
_____ Yes _____ No _____ Sometimes
3. Was adequate explanation given to you concerning your assigned tasks?
_____ Yes _____ No _____ Sometimes
4. How often did your supervisor discuss your job performance with you?
_____ Weekly _____ Monthly _____ Once or twice _____ Never

PROFESSIONAL DEVELOPMENT

1. How often did you feel the work you performed was of professional value?
_____ Always _____ Frequently _____ Sometimes _____ Seldom _____ Never
2. Do you feel your co-op/intern experience was of value to your employer? _____ Yes _____ No
3. Were you prepared academically for this co-op/intern assignment? _____ Yes _____ No
4. Did your work assignments meet your expectations? _____ Yes _____ No
5. Would you consider this company for permanent employment? _____ Yes _____ No
6. What is your overall evaluation of this experience in relationship to your career goals?
_____ Excellent _____ Good _____ Fair _____ Poor

SUMMARY -- Describe your principal responsibilities and assignments during this work term.

LEARNING OBJECTIVE SUMMARY

Take a critical look at each of the learning objectives you established at the beginning of the work term and the related action plans. Assess whether you accomplished each objective. If so, how? If not, why? (i.e. Were there barriers? Unforeseen deterrents? Change in job description? Other priorities?) Also, use the following scale to rate your accomplishment of each learning objective. Place a number in the box next to the learning objective summary.

5
achieved objective

4

3
worked toward, but did not
fully achieve objective

2

1
did not achieve
objective

Learning Objectives:

1. _____

Assessment – How did you accomplish? If not, why not? _____

2. _____

Assessment – How did you accomplish? If not, why not? _____

3. _____

Assessment – How did you accomplish? If not, why not? _____

4. _____

Assessment – How did you accomplish? If not, why not? _____

5. _____

Assessment – How did you accomplish? If not, why not? _____

What else did you learn from this experience? _____

What is your overall assessment of this work experience in terms of what you learned? _____

Reviewed by Career Services Co-op / Internship Program Advisor (initial & date):