

# ***Cooperative Education EXIT SURVEY***

Name:

Graduation Date:

Semester/Year (check current co-op term):

Fall

Spring

Summer

Company/Agency:

Pay Rate per Hour:

Total number of hours worked this semester:

Total wages earned this semester:

Current Status:      returning for additional term(s)  
                             converted to regular hire  
                             seeking a new co-op assignment (specify interest area)  
                             co-op program completed

## **Part I. Co-op Enrollment Support** (Mark (X) your response to each factor)

	<b>Highly Supported</b>	<b>Some Support</b>	<b>No Opinion</b>	<b>Very Little Supported</b>	<b>No Support</b>
	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
a) Support from Faculty Coordinator					
b) Support from Department Chair					
c) Overall rating of co-op enrollment support.					

## **Part II. Evaluating Your Co-op Work Experience** (Mark (X) your response to each factor)

	<b>Strongly Agree</b>	<b>Agree</b>	<b>No Opinion</b>	<b>Disagree</b>	<b>Strongly</b>
	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
a) Was related to my career interests					
b) Offered me challenging, responsible work					
c) Should help me obtain a job upon graduation.					
d) Provided networking opportunities					
e) Clarified my career direction					
f) Was a positive co-op experience					

**Part III. Evaluating Your Co-op Employer (Mark (X) your response to each factor)**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>No Opinion</b>	<b>Disagree</b>	<b>Strongly</b>
	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
a) Provided adequate orientation and training					
b) Was available to review my progress and assigned more work as needed					
c) Made me feel part of the organization					
d) Provided work that related to my learning objectives					
e) Was a positive co-op employer					

Please explain how your co-op experience benefited you:

Do you feel that any aspects of the co-op program could be improved?

Additional comments:

May we have permission to quote any positive comments for use in publications?      Yes      No

Signature

Date

Please return this completed form to your designated Co-op Faculty Supervisor.