Division of Career & Technical Education
1450 Northeast Second Avenue
Miami, FL 33132

Clear Form

CONFIDENTIAL EVALUATION OF POTENTIAL COOPERATIVE EDUCATION STUDENT

TO: _____ DATE: _____
Evaluator

FROM: _____
Cooperative Education Teacher

STUDENT: _____ GRADE/SECTION _____

This student has indicated an interest in the _____ Program. Your input will be useful in determining the student's acceptance. Please check the appropriate categories.

	Excellent	Good	Satisfactory	Needs Improvement
Attendance:				
Dependability: Ability to work without supervision, prompt, consistent, reliable				
Human Relations: Friendliness, cooperative, respectful, has sense of humor				
Leadership: Aggressive, forceful, imaginative, resourceful, motivating, good judgment				
Personal Appearance: Well-groomed, neat in appearance				
Personal Ethics: Good attitude, self-control, honest				
Productivity: Demonstrates initiative, is persistent, has good work habits, makes efficient use of time				

Comments: _____

_____

_____

Evaluator's Signature: _____ Date: _____

PLEASE RETURN THIS FORM SEALED IN THE ATTACHED ENVELOPE.