University of Waterloo

Faculty of Mathematics
Fax (519) 885-6454

Employer Evaluation of Work Report

Work term for which report written: Year 20 _____ ☐ January - April ☐ May - August ☐ September - December

Student's Name _____ ID No. _____

Year/Term _____ Program _____ Report No. _____

Employer's Name _____

Title of Report _____

Evaluator's Name _____ Evaluator's Title/Dept. _____

Evaluator's Signature _____ Date _____

One of the requirements of Co-operative Education programs is that the students complete a minimum number of satisfactory work reports prior to graduation. Work Reports are marked by both the employer and an on-campus evaluator. To receive credit for the report, a student must receive acceptable or higher from both markers.

Providing appropriate feedback on the subject matter of the report can be difficult for the university evaluator since the content is normally related to the work environment. Therefore, we request your assistance in this area.

Please read the student's report, complete the evaluation below, and give it to the student who will include it as the last page of the report that is submitted to the University. With your assistance, the University evaluator will be better able to assess the report on presentation, structure, literary quality, and content.

Your input is greatly appreciated.

Quality of Subject Matter	**Outstanding**	**Very Good**	**Good**	**Acceptable**	**Unacceptable**
Command of Topic	☐	☐	☐	☐	☐
Technical Content/Analysis	☐	☐	☐	☐	☐
Overall	☐	☐	☐	☐	☐

To the best of my knowledge, this report is original work completed by the student. ☐ True ☐ False

Evaluator's Comments (if more space is required, please use the back of the page)

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Note: Please return to student to include as last page of work report to be submitted to the University.