



2405 East College Way
Mount Vernon, WA 98273-5899
Co-op Ed Coordinator - (360) 416-7774

Cooperative Education Student Self Evaluation

(Please attach additional sheets if necessary)

Name _____ CTC# _____
(Last) (First)

Work Site/Business Name: _____

PLEASE ANSWER ALL THE QUESTIONS BELOW:

1. Explain how your Co-op Ed experience has either confirmed or changed your career path plans.

2. What knowledge and/or skills gained from classroom work did you demonstrate in your Co-op Ed experience? Please be specific.

3. Were you adequately prepared for your work-based learning experience?

4. How did your placement relate to your academic program or career goal?

5. Please identify any new skills you acquired during your Co-op Ed experience. If no new skills were gained, what existing skills did you find most necessary for you to be successful in this experience?

6. Did you encounter any unexpected challenges or situations? How did you respond?

7. What other skills, experience or education will you need to improve in order to pursue your career path?

8. As a result of your experience, what did you find are your:

Most significant strengths in this career area: _____

Most significant weakness in this particular area: _____

9. What was the most significant learning you did during your work experience?

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