

Student Evaluation of Canada-Japan Co-op Work Terms

Student Name: _____ University / Discipline: _____

Company: _____ Supervisor: _____

Work Term Period Start Date: _____ End Date: _____

Thank you for taking the time to provide feedback on your work terms. Your comments will help The Canada-Japan Co-op Program evaluate your satisfaction with your Canada-Japan Co-op position.

Please return this form to The Canada-Japan Co-op Program within one week of the completion of your work terms, along with your supervisor's evaluation of your performance, your Experiential Work Term Report Release Form and your Experiential Work Term Report. These items are required for the completion of your work terms with The Canada-Japan Co-op Program and the submission of your grades.

Job Duties/Work Performed:

POSITION FEEDBACK:

Job Description:	<input type="checkbox"/> Accurate	<input type="checkbox"/> Fairly Accurate	<input type="checkbox"/> Misleading
Orientation to the Office:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Job Met Expectations:	<input type="checkbox"/> Yes	<input type="checkbox"/> Partly	<input type="checkbox"/> No
Job Difficulty:	<input type="checkbox"/> Too Hard	<input type="checkbox"/> Just Right	<input type="checkbox"/> Too Easy
Workload:			
Quantity:	<input type="checkbox"/> Too Much	<input type="checkbox"/> Just Right	<input type="checkbox"/> Not Enough
Quality:	<input type="checkbox"/> Too Hard	<input type="checkbox"/> Just Right	<input type="checkbox"/> Too Easy
Supervision:			
Frequency:	<input type="checkbox"/> Too Much	<input type="checkbox"/> Just Right	<input type="checkbox"/> Not Enough
Quality:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Learning:	<input type="checkbox"/> A Lot	<input type="checkbox"/> As Expected	<input type="checkbox"/> Not Enough
Work Term Conditions: (Living Allowance/Dorm/Meals)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor

Student Name: _____

Canada-Japan Co-op Student Evaluation (continued):

Did you feel adequately prepared for Japan? Yes Partly No
Were you able to improve your Japanese language skills? Yes Somewhat No
Did you communicate primarily in Japanese or English: Japanese English

What were your three learning objectives and did you meet them?

- (i) _____ Yes/No
- (ii) _____ Yes/No
- (iii) _____ Yes/No

What were the most valuable aspects of your position?

What were the least valuable aspects of your position?

What are your suggestions for improving this position?

Has this job changed or confirmed your career and academic goals? How?

Would you go back to Japan to work after graduation?

Additional Comments:

Student's Signature: _____ Date: _____

THE CANADA-JAPAN CO-OPPROGRAM STAFF AND ADMINISTRATION:

The Canada-Japan Co-op Program is constantly monitoring the service it provides to students and employers. Your input is valuable for the continued development of the program and to provide constructive feedback to staff members. This section is optional and can be submitted anonymously. We greatly appreciate your feedback and endeavor to incorporate student feedback into any changes we make to The Canada-Japan Co-op Program.

ENGINEERING CO-OP PROGRAM EVALUATION

Office Administration: HOW WELL ARE WE DOING?

	Excellent	Good	Fair	Poor
Friendliness and helpfulness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face to face skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email and written correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response time to your enquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource for industry information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equitable treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Was the program a worthwhile experience? Would you recommend the program to other students?

Please tell us what you like best and feel is most rewarding in being a Canada-Japan Co-op student.

Were your expectations of participating in The Canada-Japan Co-op Program met? Please explain what areas you feel that The Canada-Japan Co-op Program can continue to improve upon.

We appreciate the time you have spent to complete this form. Please return your form to:

The Canada-Japan Co-op Program
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Fax: 604-822-3449
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