

COOP Final Presentation Evaluation Form

Coop Period From : _____ To: _____

Oral & Summary Report Evaluation Form

Your evaluation will be kept *strictly confidential*.

Coop Area: _____

Student Name: _____

ID #: _____

Evaluator Name: _____

Presentation Evaluation:

	Exceptional	Excellent	Very Good	Good	Fair	Poor
Quality of Work						
Technical Level of Work						
Seriousness						
Comprehension						
Presentation Organization						
Ability to Explain						
Response to Questions						

	Exceptional	Excellent	Very Good	Good	Fair	Poor
<u>Overall Rating</u>						
<u>Summary Report</u>						

Additional Comments:

Signature: _____

Date: _____