

Student Final Self Evaluation



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COOPERATIVE WORK EXPERIENCE EDUCATION PROGRAM FINAL STUDENT EVALUATION To be completed by the Student

Student Name: _____ Student ID Number: _____

Internship Title: _____ Supervisor: _____

Employing Firm: _____

Occupational Goal: _____

At the beginning of the semester, you set certain job-orientated objectives you hoped to achieve during the semester. Below, please summarize how well you achieved each objective. In addition, please write a one page minimum essay, outlining your internship experience. Please reflect on what you learned, challenges you faced and how you are going to continue to grow professionally, academically and personally.

When completed, this form and your essay must be returned to your faculty advisor prior to the last day of the semester. Failure to do so will result in receiving a non-passing grade or no credit for participation in the Internship Program.

FIRST OBJECTIVE: _____

SUMMARY OF ACCOMPLISHMENT OF OBJECTIVE ONE: _____

SECOND OBJECTIVE: _____

SUMMARY OF ACCOMPLISHMENT OF OBJECTIVE TWO: _____

THIRD OBJECTIVE: _____

SUMMARY OF ACCOMPLISHMENT OF OBJECTIVE THREE: _____

Student Signature

Date