



**Co-operative Education**

**CO-OP Post Employment Questionnaire**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Address: No & Street \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Program of Study: \_\_\_\_\_ Work Term: \_\_\_\_\_  1  2  3  
(i.e. 01W)

Name of Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Work Term (Weeks) \_\_\_\_\_ Salary/hr: \_\_\_\_\_

- Was your Co-op position satisfactory?  Yes  No
- Would you be willing to return to the same employer?  Yes  No
- Did you discuss a Co-op Job for the next work term?  Yes  No
- Did the employer make you a firm job offer  Yes  No
- Did you accept the job offer?  Yes  No
- Have completed your "Re-employment" form?  Yes  No  N/A
- To what degree was your work term relevant to your program of study?  Extremely  Very  Not at all
- To what degree did your program of study prepare you for your work term?  Very high  High  Low  Not at all

COMMENTS AND SUGGESTIONS ( Concerning the Employer, Co-op Program etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature*