

Linn-Benton Community College  
 6500 SW Pacific Boulevard  
 Albany, OR 97321  
 Phone: (541) 917-4787  
 E-mail: cwe@linnbenton.edu



Term:  Fall  Winter  Spring  Summer \_\_\_\_\_ Year

Date: \_\_\_\_\_

## COOPERATIVE WORK EXPERIENCE

### STUDENT SELF-EVALUATION OF WORK-RELATED SKILLS

Student Name \_\_\_\_\_

CWE Training Site \_\_\_\_\_

CWE Employer/Supervisor \_\_\_\_\_

**DIRECTIONS:**

**Before you begin your CWE:** Review the work-related skills below prior to working. You and your supervisor will complete separate evaluations on these work-related skills.

**At the end of your CWE:** Using the criteria below, please evaluate yourself, sign (only if submitting paper form), and date. **If using Moodle submit online through Moodle**, otherwise submit to the CWE Office by fax, email, or in person.

- |      |   |
|------|---|
| (4)  | <b>Exceptional</b> – Demonstrates exceptional performance. Among the very best.                                   |
| (3)  | <b>Exceeds Expectations</b> – Performs with little or no supervision. Looks for ways to achieve excellence.       |
| (2)  | <b>Meets Expectations</b> – Performs consistently well with supervision. Completes assignments and tasks on time. |
| (1)  | <b>Below Expectations</b> – Requires much supervision. Inconsistent performance.                                  |
| (NA) | <b>Not Applicable or Observed</b>   |

		4	3	2	1	N/A
ADAPTABILITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-AWARENESS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL SKILLS	Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANAYTSIS / SOLUTION MINDSET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL / DIVERSITY AWARENESS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTREPRENEURIAL MINDSET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLLABORATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-MOTIVATION & INITIATIVE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIGITAL FLUENCY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMPATHY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESILIENCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB KNOWLEDGE & SKILLS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB PERFORMANCE	Adequate output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accurate and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Acceptable quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follows safety regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL PERFORMANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are my strengths? \_\_\_\_\_

In which areas can I improve? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_