

**Supervision Notification Form and Assessment Form for Cooperative and Work Integrated
Education Supervision**

Cooperative and Work Integrated Education Supervision Notification Form

(Information Provider : Cooperative Cooperative and Work Integrated Education Supervisor)

Sripatum University would like to express great appreciation for your kind support having given an opportunity to our student/s to participate in Cooperative Education program at your establishment. In this connection, may we request for your permission to conduct the cooperative education student performance appraisal with the details as follows;

1. Topics to be discussed with Job Supervisor regarding the student performance

1. Job responsibilities and work plan throughout the program
2. Student self-improvement
3. Student report tacking
4. Feedback from the establishment regarding the Cooperative Education program and its philosophy
5. Difficulties and issues occurred during the program

2. Meeting agenda and related activities

1. Job Supervisor / Request of a meeting with job supervisor Date Time
2. Request of a meeting with student Date Time
3. Job Supervisor / Meeting among the 3 parties (Job Supervisor, Student and Cooperative Education Supervisor)
4. Establishment facilities inspection (depending upon the availability and permission given by the establishment)

3. List of Cooperative Education Adviser/s ๓๓๕ / Faculty

1. Position
2. Position

Signature

(.....)

Cooperative and Work Integrated Education Supervisor

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(Information Provider : Establishment)

Please confirm the acceptance of Cooperative Education Supervision by completing the form below;

- No objection, and agree with the proposed date and time
- Not available on the proposed date and time, and suggest the new schedule below
- Date Time

Signature

(.....)

Job Supervisor

...../...../.....

Please return the complete form to the Faculty of Sripatum University

by Fax No. 0-2579-1111 Ext

Assessment Form for Cooperative and Work Integrated Education Supervision

Student name-surname Student ID No.

Faculty..... Major.....

Name of project.....

Name of establishment.....

Name of job supervisor.....

Position.....Telephone No.

Instruction

Please select the number 5 4 3 2 1 and – that corresponds to your level of agreement for each assessment title, the levels of agreement are categorized as follows;

5 means “most agreeable or most suitable”

4 means “very agreeable or very suitable”

3 means “neutral”

2 means “less agreeable or less suitable”

1 means “least agreeable or least suitable”

- Means “unable to give a rating with no opinion, no information, no evaluation, etc.”

Assessment Title	Level of Agreement (1-5 or -)		Remark
	1 st time	2 nd time	
1. Personal Development			
1.1 Personality			
1.2 Maturity			
1.3 Adaptability			
1.4 Learning ability			
1.5 Expression and giving opinions			
1.6 Human Relationship			
1.7 Attitude			
2. Organization engagement			
3. Behavior, morality, ethics and compliance with organizational discipline including absenteeism, taking leave, dressing, etc.			
4. Fundamental knowledge and skills necessary to successfully perform the work assignments.			

5. Below questions are for Co-op Adviser to write down the details of student's Co-op supervision. A total of 5 questions are as follows:

5.1 The details of project progress

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Percentage of progress

5.2 Working condition and environment of the establishment

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5.3 Residential details

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5.4 Student travel details

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5.5 Problems or obstacles (if any)

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Other comments and suggestions

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Signature.....

(.....)

Cooperative and Work Integrated Education Adviser

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