



# Employer Evaluation of Work Term Report

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

Student Number: \_\_\_\_\_ Email: \_\_\_\_\_

Course Term: KIN \_\_\_\_\_ Work Term Year: \_\_\_\_\_

Work Term: Winter (Jan - Apr) Summer (May - Aug) Fall (Sept - Dec)

Organization: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of Report: \_\_\_\_\_

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

Evaluator's Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Overall Report Grade:

Excellent

Good

Satisfactory

Unsatisfactory



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

Student Number: \_\_\_\_\_ Course Term: KIN \_\_\_\_\_

<b>Technical Quality</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Inadequate</b>	<b>N/A</b>	<b>Comments:</b>
Suitability of Topic						
Authority and Accuracy						
Analytic Content						
Thoroughness of Treatment						
Table/Figure Presentation						
<b>Literary Quality</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Inadequate</b>	<b>N/A</b>	<b>Comments:</b>
Grammar						
Spelling						
Clarity						
Style						
<b>Structure</b>	<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Inadequate</b>	<b>N/A</b>	<b>Comments:</b>
Title Page						
Summary						
Table of Contents						
List of Tables						
List of Figures						
List of Abbreviations						
Introduction						
Body/Discussion						
Conclusion						
Recommendations						
References						
Appendices						



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

Student Number: \_\_\_\_\_ Course Term: KIN \_\_\_\_\_

**Comments:**

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\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date Marked

**Once this form has been completed, please email it directly to the UBC Kinesiology Co-op Office at [kin.coop@ubc.ca](mailto:kin.coop@ubc.ca). The evaluator may also provide a copy to the student if they wish.**