

## Employer's Opinion of Co-op Coordinator's Service

CO-OP COORDINATOR: DATE OF SUF						
each need	is committed to providing high quality service. You can help by providing though of the following statements. The information you provide will be used to more class. Thank you for your assistance. Please note that not all items may apply to you please indicate: No Opinion (N-O).	osely r	match	servi	ce to y	our
Pleas	e fill in circle completely: using dark pencil e/black ink and pressing firmly  No Opinion				$\neg$	
Cor	Strongly Disagree  Disagree  Agree  Strongly Agree	4	3	2	1	     
1	The coordinator clearly communicated information about the program	0	0	0	0	0
	The coordinator clearly communicated information about the program.  The coordinator clearly explained the role of the BCIT Co-Op office in	0	0	0	0	0
۷.	the selection and placement process.					
3.	The coordinator was easily accessible.	0	0	0	0	0
4.	The coordinator seemed genuinely interested in helping.	0	0	0	0	0
5.	The coordinator offered assistance with the referral to other BCIT departments or services, as appropriate.	0	0	0	0	0
6.	The coordinator provided follow-up as necessary.	0	0	0	0	0
7.	The coordinator provided opportunities to comment on the program.	0	0	0	0	0
8.	The coordinator was helpful in identifying the key elements of the situation.	0	0	0	0	0
9.	The coordinator was timely in responding to my needs.	0	0	0	0	0
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**SECTION TWO:** These comments are intended only for the coordinator and will be seen by no one else.

What did you find most effective about the coordinator?				
What suggestions do you have to help improve the coordinator's effectiveness?				
Would you seek for yourself, or recommend to others, the services of this coordinator?				
Additional questions as supplied by the coordinator:				

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