



**Creative Photography Co-op Placement Student Evaluation Form**

Dear Photographer/Creative Director/Studio Manager:

Please fill out the following student evaluation and return to me, John Harquail, Creative Photography Faculty ASAP via email at [john.harquail@humber.ca](mailto:john.harquail@humber.ca) or fax (416) 675-9730. Thank you for your time and for taking part in this program.

**Student Name:**

**Photographer's Name:**

**Address & Telephone:**

**Time Requirements:**

1. How many hours did the student work for you?

**Student Evaluation (please check on a scale of 1-5)**

**NO**

**YES**

- |   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 2. The student was on time and reliable                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. The student presented themselves appropriately           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. The student expressed an interest in learning            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. The student was very helpful                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Was the student's attitude appropriate?                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. The student showed their work for critique?              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8. Do you feel this program was of value to the student?    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 9. Would you be willing to participate again in the future? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 10. Any other comments?                                     |                            |                            |                            |                            |                            |