



# EMPLOYER INTERVIEW FEEDBACK FORM

Please complete and submit this form to a Co-op Coordinator: irene.mayfield@kresa.org or scott.wills@kresa.org

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

School: \_\_\_\_\_

Company Name: \_\_\_\_\_

Interviewer/s: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Time of Interview: \_\_\_\_\_

Was the student on time for the interview? Yes      No

Was the student dressed professionally? Yes      No

Did the student seem well prepared for the interview? (Brought extra copies of resume, familiar with the company, good questions prepared to ask, offered references) Yes      No

How could the student improve on future interviews?

Did the student send a follow-up email? Yes      No

Other comments?