

Student Name _____ Date _____

Employer _____
Name Location

Corporate Assignment _____
Department Job Title

Brief description of duties

The immediate supervisor should evaluate the student objectively, comparing him/her with other students of comparable academic levels, with other personnel assigned to the same or equivalent job type, or with individual standards. This evaluation should be completed near the end of each work term.

Please use the following scale to evaluate this co-op student's level of performance.

(1) Unsatisfactory (2) Needs Improvement (3) Satisfactory (4) Above Standard (5) Outstanding

Rating	Comments/Strengths/Goals for Improvement	
	Attitude/Application to Work: Enthusiasm, energy, willingness to work, relation to others, industrious, diligence.	
	Quality of Work: Ability to do satisfactory work following specified procedures.	
	Dependability: Punctuality, notification of absences, flexibility.	
	Judgment: Ability to make sound decisions.	
	Ability to Learn: Learned work with or without supervision, understands and follows directions.	
	Cooperation: Ability to work with supervisors and co-workers, teamwork.	
	Initiative: Interest in assuming additional responsibility; works independently.	
	Professionalism: Maturity, business-like demeanor, appropriate dress.	
	Verbal Communication Skills: Delivery, eye contact, speaks clearly, voice modulation.	

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Rating	Comments/Strengths/Goals for Improvement	
	<p>Written Communication Skills: Writes accurate information, writes concisely, uses proper grammar, spells correctly.</p>	
	<p>Attendance: Notification of absences, regular attendance.</p>	
	<p>Punctuality: Arrives on time for work.</p>	
	<p>Overall Performance</p>	

COMMENTS:

The student's most outstanding qualities are:

The personal qualities that the student should strive most to improve are:

Discuss the student's performance in achieving the job-related objectives established at the beginning of the work term:

The hourly wage for this student this work term was \$_____/hour.

This report has has not been discussed with the student. This student will will not return for another work term.

If the student is returning, when? Fall Spring Summer Year _____

Supervisor's Name _____ *please print* Email Address _____

Supervisor's Signature _____ Date _____

Student's Signature _____

Please return this form to: **Florida Institute of Technology
Career Management Services
150 West University Boulevard
Melbourne, FL 32901-6975
(321) 674-8065 fax or eminta@fit.edu**

This form is available at: www.fit.edu/career/students/internships.php