



Truckee Meadows Community College

Computer Technologies Internship Program

STUDENT INTERNSHIP PERFORMANCE APPRAISAL

THE STUDENT IS RESPONSIBLE FOR HAVING THIS FORM COMPLETED AND RETURNED TO THE FACULTY ADVISOR TWO WEEKS PRIOR TO THE COMPLETION OF HIS/ HER WORK EXPERIENCE.

Student Name

Title

Department

Date of Review

Review Period Start Date

Review Period End Date

To the employer: In the space at the left, please check the phrase which best describes this worker most accurately. Any additional comments you wish to make will be helpful.

ATTITUDE AND INTEREST

- ☐ Enthusiastic
- ☐ Interested
- ☐ Satisfactory
- ☐ Somewhat indifferent
- ☐ Not interested

QUALITY OF WORK

- ☐ Excellent
- ☐ Above average
- ☐ Satisfactory
- ☐ Below average
- ☐ Very poor

ATTENDANCE

- ☐ Always present
- ☐ Seldom absent without good cause
- ☐ Occasionally absent
- ☐ Frequently absent

ADAPTABILITY

- ☐ Excellent team member
- ☐ Good team member
- ☐ Cooperates satisfactorily
- ☐ Has difficulty with others
- ☐ Antagonizes other workers

QUANTITY OF WORK

- ☐ Usually high output
- ☐ More than expected
- ☐ Satisfactory
- ☐ Less than expected
- ☐ Below minimum standards

PUNCTUALITY

- ☐ Always on time
- ☐ Seldom late without good cause
- ☐ Occasionally late
- ☐ Frequently late

Comments: (Any strength or weakness shown by the student/trainee.)

This evaluation has been explained to me: _____ I agree _____ I disagree.

Student Signature

Date

Supervisor/Employer Signature

Date