

STUDENT FINAL EVALUATION FORM

INSTRUCTIONS FOR SUPERVISOR

Please evaluate the student's work performance by completing and returning this form to Career Development. **This evaluation is part of the student's overall final grade**

Please refer to 'Internship Supervisor Instructions' document for <u>due date</u> and <u>submission instructions</u>.

| Student Name | Major | Semester Worked | |
|----------------|-------|-----------------|--|
| Company | | | |
| Address | | | |
| City/State/Zip | | | |

Please rate the student's performance in each of the following areas:

| | Outstanding | Good | Acceptable | Marginal | Unacceptable |
|---------------------------------------|-------------|------|------------|----------|--------------|
| Attendance | | | | | |
| Punctuality | | | | | |
| Time Management | | | | | |
| Dependability | | | | | |
| Judgment | | | | | |
| Relations with others | | | | | |
| Attitude/Application to work/learning | | | | | |
| Productivity | | | | | |
| Overall quality of work | | | | | |

To what extent did you find each of the following outcomes in the student you supervise:

| | Much more | More than | Met | Less than | Much less | Unable to |
|--|---------------|-----------|--------------|-----------|---------------|-----------|
| | than expected | expected | expectations | expected | than expected | rate |
| Area knowledge – has technical knowledge and skills. | | | | | | |
| Interpersonal Skills – effectively relates to supervisor, co-workers, clients, customers. | | | | | | |
| Learning Ability – readily grasps and masters requirements of position. | | | | | | |
| Listening Skills – willingness to listen to input from others; ability to accept and use feedback. | | | | | | |
| Communication skills – has effective oral and written communication skills. | | | | | | |
| Problem Solving Skills – has ability to identify problems and recommend solutions. | | | | | | |
| Achievements – meets commitments and deadlines. | | | | | | |



What are the student's strengths?

What are the student's needs or areas of improvement?

Is this student's academic program oriented towards the needs of your organization?

No No

Yes

What changes, if any, would you suggest to the academic curriculum of this student's major?

Has the student made any significant contribution(s) that you would like to note?

Would you consider hiring this student on a full time basis upon graduation?

| Yes | No No |
|-----|-------|
|-----|-------|

| Student Signature | Date | |
|----------------------|------|--|
| Supervisor Signature | Date | |
| Supervisor Title | | |

Student signature does not indicate agreement with the evaluation, only that it has been reviewed