



SUPERVISOR EVALUATION OF STUDENT PERFORMANCE FORM (Form D)

Student Name: _____
 Dates of Internship: _____
 Internship Site: _____

Supervisor Name: _____
 Supervisor Phone: _____
 Supervisor Email: _____

Please take a few minutes to evaluate the student intern's performance at your site. Once completed, please review your assessment with the student intern. The intern should be evaluated in comparison to other student interns/employees.

PART ONE: PERFORMANCE REVIEW

Please rate the student intern's performance by checking the box that corresponds with your assessment of the student intern's performance.

Rating Scale:	
Excellent =5	Performance significantly above proficiency level
Above Average = 4	Performance above proficiency level
Average = 3	Proficient performance
Improvement Needed = 2	Performance below proficiency level
Unsatisfactory = 1	Performance requires considerable improvement
Not Applicable =NA	Not applicable in this internship experience

WORK RELATED PERFORMANCE

	5	4	3	2	1	NA
1. Work attitude (ex. Initiative, enthusiasm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Academic preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Problem-solving ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Progress towards learning goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ORGANIZATIONAL SKILLS

	5	4	3	2	1	NA
7. Time management skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Planning skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Form continued

RELATIONSHIPS WITH OTHERS

	5	4	3	2	1	NA
9. Willingness to cooperate with co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Ability to work with supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Acceptance of constructive comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Ability to take direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNICATIONS SKILLS

	5	4	3	2	1	NA
13. Oral communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Written communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Listening skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	5	4	3	2	1	NA
OVERALL RATING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART TWO: ACCOMPLISHMENTS

Please describe any noteworthy projects or accomplishments the student intern has completed during the internship. (If additional space is needed, please attach additional page to evaluation.)

OVERALL EVALUATION

Please describe your overall evaluation of the student intern. (If additional space is needed, please attach additional page to evaluation.)

Site Supervisor Signature: _____ **Date:** ____/____/____