PLACEMENT SUPERVISOR’S EVALUATION REPORT

Student’s Name:__________________________________________

Job Title:________________________________________________

Dates of Work Experience:__________________________________

Rate student on the basis of your observations during the internship period.

Performance Value Definitions

1 = Consistently exceeds what is expected.
2 = Frequently exceeds what is expected.
3 = Consistently achieves what is expected.
4 = Occasionally fails to achieve what is expected.
5 = Consistently fails to achieve what is expected.

Quality of Work: Consider the extent to which work is accurate, thorough, well-organized, and how often it requires redoing or revision. Consider job knowledge and decision-making ability.
Performance Values; 1 2 3 4 5 6 (circle one)
Comments:

Volume of Work Produced: Consider the extent to which the intern produces at a rate consistent with normal expectations.
Performance Values; 1 2 3 4 5 6 (circle one)
Comments:
Work Habits: Consider how well the intern observes safety on the job, utilizes time, is reliable and punctual, meets deadlines, and organizes work, the intern’s job attitude and acceptance of criticism.
Performance Values; 1 2 3 4 5 6 (circle one)
Comments:

Relationship with People: Consider the extent to which the intern works cooperatively with supervisors, associates, subordinates, and the public. Does he/she treat them with respect the courtesy?
Performance Values; 1 2 3 4 5 6 (circle one)
Comments:

Communications Skills: Consider how well the intern is able to express thoughts clearly, effectively, and concisely orally and in writing.
Performance Values; 1 2 3 4 5 6 (circle one)
Comments:

Initiative: Consider the intern’s ability to independently complete an assignment without close supervision. Consider the intern’s ability to come up with new ideas and better ways of accomplishing work.
Performance Values; 1 2 3 4 5 6 (circle one)
Comments:
Appraisal of Overall Performance

How would you rate the performance of this student?
___ Superior
___ Above Average
___ Average
___ Below Average
___ Poor

Suggestions for improvement and further academic work.

Please add any additional comments you feel may be useful to the instructor in evaluating and counseling the student.
Report completed by (signature)

Name: ____________________________________________

Position: _________________________________________

Agency: __________________________________________

Address: _________________________________________

Telephone: _______________________________________ 

Email: ___________________________________________

Student Review. This evaluation has been discussed with my supervisor on ____________ (date). I wish to make the following comments:

________________________________________________________________________

(Student’s Signature)