Employer’s Evaluation

OCCUPATIONAL INTERNSHIP PROGRAM
EMPLOYER’S EVALUATION OF STUDENT

*To be filled out by site supervisor and discussed with student—signatures required

Student/Interns Name: ____________________________

Company: ____________________________ Supervisor Name/Title: ____________________________

This is an evaluation of the student as a worker in the company and as a student in the Cooperative Work Experience Program. Your evaluation will help the college instructor assess the student’s overall class performance.

PROGRESS TOWARD OBJECTIVES:

Objective #1: ____________________________________________________________ □ Achieved Objective □ Limited Progress

Objective #2: ____________________________________________________________ □ Achieved Objective □ Limited Progress

Objective #3: ____________________________________________________________ □ Achieved Objective □ Limited Progress

DISCUSSION OF ACHIEVEMENT TOWARDS OBJECTIVES:


OVERALL WORK PERFORMANCE:

ATTENDANCE
Attends as scheduled. □ □ □ □

PUNCTUALITY & DEPENDABILITY
Meets deadlines and is prompt. □ □ □ □

REALTIONS WITH OTHERS
Is cooperative, courteous, and friendly to customers, associates and supervisors. Accepts suggestions and controls his/her emotions. □ □ □ □

ATTITUDE
Is eager to improve. Progresses on own initiative; dependable, enthusiastic, sincere, has appropriate work habits. Uses good judgment. □ □ □ □

ABILITY TO LEARN
Learns quickly and is eager to new ways of completing tasks. Is open to changes and handles new tasks/challenges with ease. □ □ □ □

QUALITY OF WORK
Strives for improvement; shows thoroughness, accuracy, and precision in detail. Has satisfactory performance and speed. □ □ □ □

COMMUNICATION
Adheres to professional verbal and non-verbal communication at all times. Demonstrates sensitivity to culture and diversity. □ □ □ □

COMMENTS:


Supervisor Signature ____________________________ Date ____________________________

Student Signature ____________________________ Date ____________________________

TOTAL NUMBER OF HOURS STUDENT WORKED AT SITE: ____________________________