



SUPERVISOR'S EVALUATION OF CO-OP STUDENT

Student's Name _____ Semester/Year _____

Internship Position _____ Company _____

Average Weekly Hours Worked _____ Start Date _____ Stop Date _____

Supervisor's Name: _____ Email/Phone: _____

Please provide the necessary evaluation and feedback on the student intern. This evaluation should reflect a realistic assessment of the student's work and application of learning objectives. Therefore, as the Company/Organization Supervisor, please rate each learning objectives and each responsibility in items by checking the rating.

Action	Rating:	high					low
		5	4	3	2	1	
1. Attendance		5	4	3	2	1	
2. Communication		5	4	3	2	1	
3. Skill Development		5	4	3	2	1	
4. Relations to Others		5	4	3	2	1	
5. Supports Company/Organization		5	4	3	2	1	
6. Objective # 1		5	4	3	2	1	
7. Objective # 2		5	4	3	2	1	
8. Objective # 3		5	4	3	2	1	

Comments (use separate sheet if necessary):

Action Description:

- Attendance: Demonstrates punctuality and a good record.
- Communication: Possesses a professional presentation and communicates clearly and effectively with staff and clients.
- Skill Development: Learns, organizes and completes tasks quickly and efficiently.
- Relations to Others: Works well unsupervised and cooperates w/ others;
Be able to perform well in team and/or independent projects.
- Supports Mission of Company/Organization: Reflects commitment to company/organization's mission and goals.

Supervisor's Signature _____ Date _____

