### Supervisor Feedback & Evaluation Form

 Complete after the final reflection meeting or at the conclusion of the work-based learning experience.

| **STUDENT INFORMATION**  |
| --- |
| Student’s Name:  |
| Student’s Role (check one): [ ]  Intern (off-campus) [ ]  Intern (on-campus) [ ]  Micro-intern [ ]  Project team member [ ]  Other  |
| Start Date:  End Date:   |
| **SUPERVISOR INFORMATION**  |
| Name:  Job Title:   |
| Organization:   |
| Email:  Phone:   |

continue to page 2

**PERFORMANCE REVIEW**

**1. Please evaluate this student intern on the following items by checking the appropriate rating.**

|  | Excellent | Very Good | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| *Arrived to work on-time*  |   |   |   |   |   |   |
| *Behaved in a professional manner*  |   |   |   |   |   |   |
| *Effectively performed assignments*  |   |   |   |   |   |   |
| *Oral communication skills*  |   |   |   |   |   |   |
| *Written communication skills*  |   |   |   |   |   |   |
| *Computer Skills*  |   |   |   |   |   |   |
| *Ability to work with others*  |   |   |   |   |   |   |
| *Ability to adapt to a variety of tasks*  |   |   |   |   |   |   |
| *Willingness to ask for help and guidance*  |   |   |   |   |   |   |
| *Quality of work*  |   |   |   |   |   |   |
| *Demonstrated critical thinking and problem-solving skills*  |   |   |   |   |   |   |
| *Making and meeting deadlines*  |   |   |   |   |   |   |
| *Demonstrated initiative*  |   |   |   |   |   |   |
| *Seemed interested and in and enthusiastic about the experience*  |   |   |   |   |   |   |

**2. Describe the ways the student’s performance benefited your organization.**

**3. What development have you observed in the student’s skills, knowledge, personal and/or professional performance?**

**4. What do you consider to be the student’s strengths?**

**5. In what areas does the student need to improve?**

**6. Overall, how do you rate your experience with this student?**

[ ]  **EXCELLENT** [ ]  **GOOD** [ ]  **AVERAGE** [ ]  **POOR**

**SUPERVISOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**