

Please evaluate the student after completion of 15 hours.  
Return with student, or by FAX (805-496-4891).  
No cover sheet necessary.

Student Intern Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Internship Location \_\_\_\_\_

\_\_\_\_ 15 hr

	Always	Usually	Seldom	Never
<b>Attitude</b> <i>conveys a positive attitude</i>				
<b>Attendance</b> <i>adheres to work schedule</i>				
<b>Punctuality</b> <i>reports to work on time</i>				
<b>Cooperation</b> <i>works cooperatively</i>				
<b>Performance</b> <i>accurately performs all work duties</i>				
<b>Motivation</b> <i>takes an interest in the job</i>				
<b>Rules and Regulations</b> <i>consistently observes company policies</i>				
<b>Communication</b> <i>effectively communicates</i>				
<b>Criticism</b> <i>responds well to constructive criticism</i>				
<b>Responsibility</b> <i>works responsibly with a minimal amount of supervision</i>				
<b>Initiative</b> <i>shows initiative</i>				

Are there areas in which this student excels?

What area(s) could use improvement?

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_