

SUPERVISOR EVALUATION OF STUDENT IN SCHOOL ONE INTERNSHIP

At the completion of the agreed on number of hours/days of participation, please evaluate student performance in terms of your expectations and needs as well as those outlined by School One in the initial internship agreement. Please type this form and email to caryh@school-one.org and/or the advisor.

Student Name

Site Name (and function if not obvious from name)

Mentor/supervisor

Period beginning _____ and ending _____

Total number of hours of internship performance _____

Please comment on the student's performance in the following areas:

1. Working with time: attendance, timely arrival and completion of tasks:

2. Skills acquired during the internship:

3. Areas of success and/or failure at tasks:

4. Cooperation with staff and other clients/customers:

5. Respect for others, their work and ideas:

6. Interest and work ethic:

7. Skill in communicating and interacting with staff and others:

Please recommend credit or no credit based on the student's performance and add any comments you feel are necessary but not covered above if there are any:

