CAMPUS INTERNSHIP PROGRAM STUDENT EVALUATIONFORM

**Evaluation to be completed with the student at the end of each semester.**

***(The completed form must be turned in to Career Services)***

***Position funding will not be continued if this form is not completed and turned in by the required timeline.***

## KEY

5=Excellent 4=Very Good 3=Average 2= Fair 1= Unsatisfactory

## 5 4 3 2 1 Quality of Work Attendance

*     Produces acceptable work, is accurate and thorough  Not Acceptable
*     Demonstrates progress in developing job specific skills  Acceptable
*     Performs duties in a timely and professional manner
*     Looks for ways to improve, shows initiative
*     Identifies problems and finds solutions
*     Deals with routine tasks efficiently

## 5 4 3 2 1 Professionalism Punctuality

*     Accepts and responds appropriately to feedback  Not Acceptable
*     Communicates effectively with co‐workers, supervisors, and the public  Acceptable
*     Works well with co‐workers; contributes to team effort
*     Understands and follows instructions
*     Respects and works effectively with diverse people
*     Deals with routine tasks efficiently

## 5 4 3 2 1 Work Ethic Overall Rating

*     Manages time in an effective and appropriate way  Excellent
*     Consistently follows through on tasks  Very Good
*     Performs effectively under pressure  Average
*     Uses technology appropriately  Fair
*     Arranges for time off in advance  Poor
*     Dress and grooming are appropriate for the job

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Program Requirements** | **Yes** | **No** | **Comments** |
| 1. | Monthly progress meetings with student complete |  |  |  |
| 2. | Student and director meeting complete |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Evaluate Each Learning Outcome** | **5** | **4** | **3** | **2** | **1** | **Comments** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |

Comment on the student’s progress toward completion of the learning outcomes:

In which areas could the student improve?

# Is the CIP student continuing their position in your department next semester?

**Yes ** **(The CIP student must be registered for at least 9 credits Fall and Spring and 6 credits Summer Term to continue in the position). No ** **(If No, Please let us know why) ** **Graduating ‐ ** **Transferring – ** **No Longer Interested in Participating in CIP**

* **Other, (please specify)**

# If your CIP student is not continuing next semester, will you be hiring a new CIP student:  Yes  No

Supervisor Signature Title Date

Student Signature Date

Revised 7/2019