

Middle College High School
2600 Mission Bell Drive
San Pablo, CA 94806
(510) 215-3881 FAX (510) 233-0121

STUDENT INTERNSHIP EVALUATION FORM

FALL: 20____ SPRING: 20____ SUMMER: 20____ LOCATION: _____

STUDENT NAME: _____ POSITION: _____

SUPERVISOR: _____ SUPERVISOR PHONE#: _____

KNOWLEDGE AND UNDERSTANDING OF WORK: Knowledge and understanding of all phases of this job.

- ____ UNSATISFACTORY: Needs frequent instructions, even on routine jobs.
____ SATISFACTORY: Has a good working knowledge of job.
____ OUTSTANDING: Has thorough knowledge of job.

Remarks:

QUALITY OF WORK: The accuracy and thoroughness with which work meets recognized standards of performance.

- ____ UNSATISFACTORY: Needs frequent instructions, even on routine jobs.
____ SATISFACTORY: Has a good working knowledge of job.
____ OUTSTANDING: Has thorough knowledge of job.

Remarks:

QUANTITY OF WORK: Volume of work based upon recognized standards of performance.

- ____ UNSATISFACTORY: Needs frequent instructions, even on routine jobs.
____ SATISFACTORY: Has a good working knowledge of job.
____ OUTSTANDING: Has thorough knowledge of job.

Remarks:

RELATIONS WITH THE PUBLIC AND OTHER WORKERS: Disposition, tact, courtesy, enthusiasm and sincerity.

- ____ UNSATISFACTORY: Makes an unsatisfactory impression.
____ SATISFACTORY: Makes a satisfactory impression.
____ OUTSTANDING: Creates a very favorable impression.

Remarks:

DEPENDABILITY: Compliance with instructions and regulations: reliability, attendance and punctuality.

- ____ UNSATISFACTORY: Frequently undependable.
____ SATISFACTORY: Dependable under normal circumstances.
____ OUTSTANDING: Thoroughly reliable on assignments.

Remarks:

INITIATIVE AND APPLICATION: Resourcefulness, independent thinking, attention and application to work.

- ____ UNSATISFACTORY: Wastes time. Needs close supervision.
____ SATISFACTORY: Steady and willing worker. Requires little direction.
____ OUTSTANDING: Industrious. Highly resourceful and self-reliant.

Remarks:

OVERALL EVALUATION: ____ Unsatisfactory ____ Satisfactory ____ Outstanding

REMARKS:

I recommend that this student receive: ____ Credit ____ No Credit ____ Credit with reservations (see REMARKS above)

EMPLOYEE CERTIFICATION: I have reviewed this report. In signing it, I do not necessarily agree with the evaluation. I understand that I have the right to add any additional comments on a separate sheet of paper to be turned in with this evaluation.

SUPERVISOR: _____ (Signature/Date) STUDENT: _____ (Signature/Date)