

Student Evaluation Form

Please return to Matt Conroy at PBHS in enclosed envelope or fax to 676-2891.

Date:

Student's Name:

Internship site:

Job Title:

Grading Period:

Evaluator/Supervisor:

Rating Scale of Job Performance

5 = Excellent (A)

4 = Above Average (B)

3 = Average (C)

2 = Below Average (D)

1 = Not Acceptable (F)

Student's internship grade will be an average of the following and constitutes 90% of final grade.

Circle One

Overall Attitude	5	4	3	2	1
Attendance	5	4	3	2	1
Punctuality	5	4	3	2	1
Quality of Work	5	4	3	2	1
Appearance	5	4	3	2	1
Dependability	5	4	3	2	1
Ability to Follow Written Instructions	5	4	3	2	1
Ability to Follow Safety Procedures	5	4	3	2	1
Initiative in Anticipating Work	5	4	3	2	1
Worked Well with Others (Team)	5	4	3	2	1

Job Tasks

_____	5	4	3	2	1
_____	5	4	3	2	1

Employer's Comments:

Number of Work Hours Completed: _____

Supervisor Signature: _____ Date: _____