# **Evaluation Report for WCS Student Intern**

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| **Student Name:** | **Company Name:** | **Internship Supervisor:** |
| **Semester of Internship: Fall Spring Year: \_\_\_\_\_\_\_\_\_\_** | | **Internship Supervisor**  **Email:**  **Phone:** |

**Directions:** Evaluate the personal qualities below for your student. Rate the student’s performance by using the numerical key below to mark the appropriate space. Your report will be used in determining a grade and for counseling the student. Careful attention should be given to present a true picture of your student’s work and progress each grading period.

**Essential Skills/Job Tasks Key:**

**Excellent (9-10) Good (6-8) Fair (3-5) Poor (1-2) Unacceptable (0)**

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| **Essential Skills** | **Grading Level** |
| ***Attendance:*** Present and on time, begins work promptly |  |
| ***Appearance:*** Work dress, grooming, professional |  |
| ***Dependability:*** Able to work with little supervision follows instruction consistent, etc. |  |
| ***Leadership:*** Initiative, eager to learn, resourceful, good judgment, able to inspire others, etc. |  |
| ***Thoroughness:*** Accurate, careful, completes work, etc. |  |
| ***Ability to Get Along with Others:*** Tactful, friendly, cooperative, etc. |  |
| ***Transferable Job Skills:*** Good Attitude, self-control, honesty, etc. |  |
| ***Work Ethics:*** Performs extra tasks, good attitude |  |

Signature of Internship Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_