

CABRINI UNIVERSITY INTERNSHIP PROGRAM
Employer's Student Performance Evaluation

Student Name: _____

Title & Department: _____

Employer: _____
(Name & Address)

Supervisor Name: _____

Dates of Internship: Start _____ End _____

Anticipated Total Hours Upon Internship Completion: _____

INSTRUCTIONS

This evaluation is extremely important in determining part of the student's grade for their internship experience. Please evaluate the student objectively, comparing him/her with other students of comparable academic levels, with other employees assigned the same or similar classified jobs, or with individual standards that you and your company/agency have established.

Overall performance: Needs Improvement Fair Good Excellent

What traits may help the student's progress?

What traits may hinder the student's progress?

Comments on student's performance with specific incidents to illustrate your appraisal:

Would you rehire this student? Why, or why not?

Has the student met or attempted to meet the Learning Objectives?

Additional Comments:

Please rate the student's performance on a scale of 1 (needs improvement) to 4 (excellent) in each area:

	Needs Improvement	Fair	Good	Excellent
1. Work Attitude	1	2	3	4
2. Capacity to work w/others	1	2	3	4
3. Judgment/Decision making	1	2	3	4
4. Quality of Work	1	2	3	4
5. Initiative	1	2	3	4
6. Academic preparation	1	2	3	4
7. Organizational skills	1	2	3	4
8. Attendance/punctuality	1	2	3	4
9. Verbal ability	1	2	3	4
10. Writing ability	1	2	3	4
11. Ability to learn	1	2	3	4
12. Dependability	1	2	3	4
13. Professional appearance	1	2	3	4

If there are any issues you would like to discuss privately, please contact the CCPD (610-902-8305)

Supervisor's (E)Signature

Date