SUPERVISOR'S EVALUATION

Student's Name: _______________________________ Date: __________________

Name of Supervisor: _________________________ Phone/Fax: _______________

Company Name: ______________________________________

Please rate each aspect of the Intern’s performance:

A= Exceptional  B= Competent  C= Improvement needed  D= Unsatisfactory

**Quality of Work**
Accuracy________________________
Organization___________________
Thoroughness___________________
Job related skills________________

**Adaptability**
Performance in new situation
Performance under pressure
Performs with minimal instruction

**Quantity of Work**
Amount performed_______________
Completed on schedule___________
 obtains it

**Work habits**
Degree to which Intern applies him/herself
Asks questions appropriately
Recognizes when guidance is needed and appropriately
General enthusiasm/interest in internship

**Personal Relations**
Receptive to criticism___________
Relations with coworkers________
Relations with others___________
Personal appearance_____________

**Overall Evaluation**
Exceptional__
Competent__
Improvement needed_
Unsatisfactory_

**Comments:** (You may attach additional pages if necessary)
Site Supervisor ______________________________ Date: ____________
Signature

Please fax to Sally Aitken, West Valley College. Fax: (408) 741-2415 before Dec. 7, 2004
Or mail to Sally Aitken, West Valley College, 14000 Fruitvale Ave, Saratoga, CA 95070