EMPLOYER EVALUATION FORM
SUMMER CO-OP

Employee Name: _____

Position: _____

Start Date: _____

Please Indicate:
PROBATIONARY EVALUATION 3 mos. **FINAL EVALUATION 12 mos. or 16 mos.**

	A	B	C	D	E	Comments
Ability to Learn						
Skill Level Attained						
Quality of Work						
Volume of Work						
Initiative						
Organization and Planning						
Judgement						
Reliability						
Interaction with Others						
Communication Skills: Oral						
Communication Skills: Written						
OVERALL PERFORMANCE RATING	A	B	C	D	E	

A = Excellent; B = Very Good; C = Average; D = Fair; E = Poor

Acceptance of Criticism and Suggestions	Appreciative		Resentful	
Attendance	Regular		Irregular	
Punctuality	Regular		Irregular	
Grooming	Appropriate		Inappropriate	

Employer's Evaluation of Internship Employee

List Employee's major technical duties:

Employee's strengths and areas of performance to develop:

Please write comments on OVERALL PERFORMANCE:

Please comment on your thoughts regarding the Internship Program and any suggestions for preparing students prior to beginning placements:

Has this Evaluation been discussed with Employee? Yes No

Name of Evaluator:_____

Title:_____

Company: _____

Department:_____

Telephone Number:_____ Date:_____

ANY OBSERVATIONS YOU MAY HAVE REGARDING THIS PROGRAM OR THE PREPARATION OF THE STUDENTS WOULD BE VERY WELCOME.