

Please Print

Student Name _____ UWF ID # 970

Employer _____ Supervisor _____

Internship Period: Year _____

Fall Summer

Spring Other _____

Will student continue in this position?

yes If yes, when? _____

no

Total number of hours worked during

This Internship period: _____

This experience was:

Paid

Nonpaid

Directions: Objectively evaluate your experience with this employer using the rating scale shown below.

E-Excellent A-Above Average S-Satisfactory N-Needs Improvement U-Unsatisfactory N/A-Not Applicable		
PERFORMANCE ITEM	RATING	COMMENTS, EXAMPLES
Quality of work (accuracy, thoroughness)		
Quality of work (speed, deadlines)		
Oral communications, expression of ideas		
Written communication skills		
Completion of assignments		
Acceptance of responsibility		
Response to constructive criticism		
Working relationship with others		
Takes initiative, seeks assignments		
Shows enthusiasm, interest in job		
Appropriate appearance, dress		
Resourcefulness, creativity		
Attendance, punctuality		
Understanding/ adhering to rules, procedures		
<i>Overall performance rating</i>		

Supervisor's Signature _____ Date _____

At the end of the semester, please email directly to gprescott@uwf.edu, or fax to 850-473-7060.